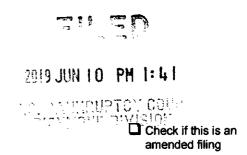
Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 1 of 64

Fill in this information to identify your case.	
United States Bankruptcy Court for the:	
Eastern District of Virginia	
Case number (# known):	Chapter you are filing under:
	Chapter 11 Chapter 12 Chapter 13
	Chaper 13



### Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: **Identify Yourself About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 1. Your full name Write the name that is on your Kernin government-issued picture First name First name identification (for example, Carville your driver's license or Middle name Middle name passport). Rose Bring your picture Last name Last name identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) 2. All other names you have used in the last 8 First name First name years Middle name Middle name include your married or maiden names. Last name Last name First name First name Middle name Middle name Last name Last name 3. Only the last 4 digits of xxx - xx - \_\_\_ \_\_\_\_\_ xxx - xx - \_\_\_\_\_\_ your Social Security number or federal OR OR Individual Taxpayer 9 xx - xx -\_ 9 xx - xx -\_\_\_\_\_ Identification number (ITIN)

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 2 of 64

Debtor 1 Kerrin First Name Middle N	Carville Rose	Case number (if known)
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Any business names     and Employer     Identification Numbers     (EIN) you have used in	☐ I have not used any business names or EINs.	☐ I have not used any business names or EINs.
the last 8 years	Business name	Business name
doing business as names	Business name	Business name
	EIN	EIN
	EIN	EIN
5. Where you live		If Debtor 2 lives at a different address:
	15614 Roland View Drive	Number Street
	Number Suber	Number Outer
	Chester VA 23831 City State ZIP Code County	City State ZIP Code
:	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
ı	Number Street	Number Street
	P.O. Box	P.O. Box
	City State ZIP Code	City State ZIP Code
Why you are choosing this district to file for bankruptcy	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 3 of 64

De	btor 1		Carville	Rose		Case number (# #	10W7I)
		First Name Middle No	line	Last Name			
Pa	art 2:	Tell the Court Abo	ut Your B	ankruptcy Ca	50		
7.	Bankrı	Papter of the Uptcy Code you Gosing to file	Check of	ne. (For a brief d ruptcy (Form 201	escription of each, see <i>Noti</i> on (10)). Also, go to the top of pa	ce Required by 11 age 1 and check th	U.S.C. § 342(b) for Individuals Filing ne appropriate box.
	under	Joshig to me	☑ Cha	oter 7			
			Chap	oter 11			
			🗓 Cha <sub>l</sub>	oter 12			
14 × 414-4	rai fairide 7amanil 2000 d'a	en e	Cl Cha	oter 13	a paga ang ang ang ang ang ang ang ang ang	and marks it allows as the control of surems — str	
8.	How yo	ou will pay the fee	local your subr	court for more self, you may p	details about how you m eay with cash, cashier's c ment on your behalf, you	ay pay. Typicall heck, or money	eck with the clerk's office in your y, if you are paying the fee order. If your attorney is pay with a credit card or check
					ee in installments. If you		
			I req By la less pay	west that my f w, a judge may than 150% of t the fee in instal	ee be waived (You may y, but is not required to, whe official poverty line the	request this opti vaive your fee, a at applies to you is option, you m	ion only if you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to ust fill out the Application to Have the
9.		ou filed for uptcy within the	□ No				
	last 8		🔾 Yes.	District	When	MM / DD / YYYY	Case number
				District	When		Case number
				District	When		
				Jivana		MM / DD / YYYY	Case number
10.		y bankruptcy	☑ No				
		pending or being y a spouse who is	🔾 Yes.	Debtor		<u></u>	Relationship to you
	not fili you, o	ng this case with r by a business r, or by an		District	When	MM / DD / YYYY	Case number, if known
				Debtor			Relationship to you
				District	When	MM / DD / YYYY	Case number, if known
11.	Do you reside	ı rent your nce?	□ No. ☑ Yes.	No. Go to li			? Against You (Form 101A) and file it as

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 4 of 64

ebtor 1	Kerrin First Name Middle N	Carville	Rose Last Name	<del></del>	Case number (# Inow	m)	
· · · · · · · · · · · · · · · · · · ·							
art 3:	Report About Any	Business	es You Own as a So	de Propriet	or		
	ou a sole proprietor full- or part-time	<b>☑</b> No. (	Go to Part 4.				
busin A sole	<b>ess?</b> Proprietorship is a	☐ Yes.	Name and location of bo	usiness			
business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			Name of business, if any				
If you h	have more than one Oprietorship, use a						_
separar to this p	le sheet and attach it petition.		City	<del></del>	State	ZIP Code	<del></del>
			Check the appropriate to	box to describe	e vour business:		
			_		i in 11 U.S.C. § 101(27A))		
			_	•	ned in 11 U.S.C. § 101(51B	3))	
			☐ Stockbroker (as defi	•		"	
			☐ Commodity Broker (		• • •		
			☐ None of the above		- , , ,		
Chapt Bankr	ou filing under for 11 of the Tuptcy Code and ou a <i>small business</i>	can set most red any of th	appropriate deadlines. If cent balance sheet, state nese documents do not e	f you indicate t ement of opera exist, follow the	that you are a small busine:	n small business debtor so that ss debtor, you must attach yo , and federal income tax retur 1116(1)(B).	uг
	efinition of <i>small</i>	☐ No.	I am not filing under Cha	apter 11.			
	s debtor, see .C. § 101(51D).	☐ No.	I am filing under Chapte the Bankruptcy Code.	er 11, but I am	NOT a small business deb	tor according to the definition	in
		☐ Yes.	l am filing under Chapte Bankruptcy Code.	er 11 and I am	a small business debtor ac	cording to the definition in the	<b>a</b>
art 4:	Report if You Own	or Have	Any Hazandous Proc	perty or Am	Property That Needs	Immediate Attention	
	u own or have any rty that poses or is	☑ No					
allege of imn identif public	d to pose a threat hinent and hable hazard to health or safety?	☐ Yes.	What is the hazard?		4		
prope	you own any rty that needs diate attention?		If immediate attention	is needed, wh	y is it needed?		
perisha that mu	ample, do you own ble goods, or livestock ist be fed, or a building eds urgent repairs?						
			Where is the property	? Number	Street		<del></del>
							<u></u>
				City		State Z/P Code	

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Page 5 of 64 Document

Debtor 1	Kerrin	Carville	Rose	Case number (# inown)
	First Name	Middle Name	Last Name	

Part 5:

#### **Explain Your Efforts t**

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

Aband Cabin	

to Receive a Briefing About Credit Counseling							
About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):						
You must check one:	You must check one:						
☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.	☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.						
Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.	Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.						
I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.	☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.						
Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.	Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.						
☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.	☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.						
To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.	To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.						
Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.	Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.						
If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case	If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case						

developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

	am not required to receive a briefing about credit counseling because of:  I Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.  Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.  Active duty. I am currently on active military	I am not required to receive a credit counseling because of		
☐ Incapacity.	deficiency that makes me incapable of realizing or making	☐ Incapacity.	I have a men deficiency that incapable of i rational decis	
Disability.	to be unable to participate in a briefing in person, by phone, or through the internet, even after I	☐ Disability.	My physical of to be unable briefing in pe through the in reasonably tr	
Active duty.	I am currently on active military	Active duty.	I am currently	

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. ☐ I am not required to receive a briefing about

Any extension of the 30-day deadline is granted

only for cause and is limited to a maximum of 15

may be dismissed.

days.

tal illness or a mental at makes me realizing or making ions about finances. lisability causes me to participate in a rson, by phone, or nternet, even after I ied to do so. Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

duty in a military combat zone.

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 6 of 64

Debtor 1	-	Carville Rose	Case number (# kno	24TI)
	First Name Middle Nam	no Lest Name		
Part 6:	Answer These Que	stions for Reporting Pur	poses	
	·			
	nt kind of debts do have?		imarily consumer debts? Consumer deb ividual primarily for a personal, family, or hous	
•		No. Go to line 16b.	-	
		Yes. Go to line 17.		
		money for a business	marily business debts? Business debts or investment or through the operation of the	
		No. Go to line 16c. Yes. Go to line 17.		
		16c. State the type of debts	s you owe that are not consumer debts or bus	siness debts.
	you filing under pter 7?	☐ No. I am not filing unde	er Chapter 7. Go to line 18.	
Doy	· /ou estimate that after	Yes. I am filing under Ci	hapter 7. Do you estimate that after any exer	npt property is excluded and
	exempt property is uded and		enses are paid that funds will be available to	distribute to unsecured creditors?
	inistrative expenses	<b>☑</b> No		
are (	paid that funds will be	Yes		
	lable for distribution nsecured creditors?			
		Π		
	many creditors do estimate that you	☐ 1-49 ☐ 50-99	1,000-5,000 5,001-10,000	☐ 25,001-50,000 ☐ 50,001-100,000
owe	•	100-199	10,001-25,000	☐ More than 100,000
		200-999	_ 10,001 _0,000	- Maio Blair 180,000
19. How	much do you	<b>2</b> \$0-\$50,000	☐ \$1,000,001-\$10 million	■ \$500,000,001-\$1 billion
	mate your assets to	\$50,001-\$100,000	□ \$10,000,001-\$50 million	\$1,000,000,001-\$10 billion
be v	vorth?	\$100,001-\$500,000	\$50,000,001-\$100 million	☐ \$10,000,000,001-\$50 billion
		□ \$500,001-\$1 million	\$100,000,001-\$500 million	More than \$50 billion
	much do you	\$0-\$50,000	\$1,000,001-\$10 million	\$500,000,001-\$1 billion
	nate your liabilities	\$50,001-\$100,000	☐ \$10,000,001-\$50 million	<b>\$1,000,000,001-\$10 billion</b>
to b	97	\$100,001-\$500,000	\$50,000,001-\$100 million	\$10,000,000,001-\$50 billion
D. 47	<b>-</b>	<b>以</b> \$500,001-\$1 million	₩ \$100,000,001-\$500 million	☐ More than \$50 billion
Part 7:	Sign Below			
For you	ı	I have examined this petitio correct.	on, and I declare under penalty of perjury that	the information provided is true and
			er Chapter 7, I am aware that I may proceed, ode. I understand the relief available under ea	
			e and I did not pay or agree to pay someone ned and read the notice required by 11 U.S.C	
		I request relief in accordance	ce with the chapter of title 11, United States C	Code, specified in this petition.
			e statement, concealing property, or obtaining result in fines up to \$250,000, or imprisonme	
		* N. N. R	(19, and 307).	
			Signatur	e of Debtor 2
		MM A BE	Executed	d on

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 7 of 64

Debtor 1	Kerrin First Name	Middle Nam	arville	Rose Last Name	Case number (# Into	XWT)
	attorney, if	you are	to proceed available	d under Chapter 7, 11, under each chapter for	named in this petition, declare that I have 12, or 13 of title 11, United States Code which the person is eligible. I also cert	e, and have explained the relief ify that I have delivered to the debtor(s)
if you are not represented by an attorney, you do not need to file this page.		the notice knowledge	required by 11 U.S.C. e after an inquiry that t	§ 342(b) and, in a case in which § 707( the information in the schedules filed with	b)(4)(D) applies, certify that I have no h the petition is incorrect.	
				ire of Attorney for Debtor	Date	MM / DD /YYYY
			Printed	name		
			Firm na	me		
			Numbe	r Street		
			City		State	ZIP Code
			Contac	t phone	Email add	ress
			Bar nur	nber	State	

# Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 8 of 64

Debiol: 1	Kerrin Cal	rville Rose Case number (if known)						
bankruptcy attorney		The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.						
If you are represented by an attorney, you do not need to file this page.		To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.						
		You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.						
		If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.						
		Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?						
		□ No						
		☑ No ☑ Yes						
		Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?						
		☑ Yes						
		Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?  1 No 1 Yes. Name of Person						
		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).						
		By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.						
		× Maria QoV ×						
		Signature of Debtor 2 Date						
		MM / DD / YYYY						
		Contact phone						
		Email address Email address						

Certificate Number: 15725-VAE-CC-032542979



## **CERTIFICATE OF COUNSELING**

I CERTIFY that on April 2, 2019, at 5:20 o'clock PM EDT, Kerrin Rose received from 001 Debtorcc, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Eastern District of Virginia, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: April 2, 2019

By: /s/Briannah Besonia

Name: Briannah Besonia

Title: Issuer

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 10 of 64

Fill in this i	nformation to i	identify your case.				
Debtor 1	Kerrin First Name	Carville	Rose			
Debtor 2	First Name	Middle Name		Last Name		
(Spouse, if filing	j) First Name	Middle Name		Last Name	-	
United States	Bankruptcy Cour	t for the: Eastern Distric	t of Virginia			
Case number	r (If known)					Check if this is a
	11.73.00.77					amended filing
	Form 106					
Summa	ry of You	ır Assets an	d Liabi	lities and C	ertain Statistical In	formation 12/15
information, your original	Fill out all of ye	our schedules first; ti ust fill out a new Sum	hen comple	te the information	ther, both are equally responsible to this form. If you are filing amend top of this page.	
						Your assets
						Value of what you own
1. Schedule	A/B: Property ((	Official Form 106A/B)				
_		•	le A/B			<b>s</b>
1b. Copy (	ine 62, Total pe	rsonal property, from S	ichedule A/E	3		\$ <u>.</u>
						<u> </u>
1c. Copy (	ine 63, Total of	all property on Schedu	le A/B			·····   \$
Part 2: 8	ummarize Yo	our Liabilitles				
						Maria de la Maria
						Your liabilities  Amount you owe
2. Schedule	D: Creditors Wi	ho Have Claims Secure	ed by Proper	tv (Official Form 10f	SDI	ranodit you one
				• •	ast page of Part 1 of Schedule D	\$
		Who Have Unsecured (	•	•	Schedule E/F	\$
				•		
3b. Copy (	the total claims t	from Part 2 (nonpriority	unsecured	claims) from line 6j o	of Schedule E/F	+ s
					Your total liabiliti	es \$
Part 3: \$	ummarize Yo	our Income and Ex	penses			
						·
4. Schedule	I: Your Income	(Official Form 106I)				
Copy you	r combined mor	nthly income from line 1	2 of Schedu			
5. Schedule	J: Your Expens	es (Official Form 106J)	1			
		nses from line 22c of Si				\$

Entered 06/10/19 13:48:02 Desc Main Case 19-33079-KLP Doc 1 Filed 06/10/19 Page 11 of 64 Document Carville Rose Kerrin Debtor 1 Case number (if known) **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. ☐ Yes 7. What kind of debt do you have? ☐ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income; Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: **Total claim** From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 9d. Student loans. (Copy line 6f.) 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9g. Total. Add lines 9a through 9f.

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 12 of 64

Fill in this	information to	o identify your case and this	filing:		
Debtor 1	Kerrin	Carville	Rose		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filin	g) First Name	Middle Name	Last Name		
United States	s Bankruptcy Co	urt for the: Eastern District of Vi	irginia		
Case numbe	er .			_	_
					Check if this is an
					amended filing
Officia	I Form 1	06A/B			
Sche	edule /	A/B: Property	y		12/15
category i responsib write your	where you thin le for supplying name and ca	nk it fits best. Be as comple ng correct information. If mo se number (if known). Answ	b. List an asset only once. If an asset fits in more to and accurate as possible. If two married people ore space is needed, attach a separate sheet to the er every question. Land, or Other Real Estate You Own or Have	e are filing together, bo is form. On the top of a	th are equally
Part 1:	Describe Ea	ch Residence, Building,	Land, or Other Real Estate You Own or Hav	/e an interest in	
1. Do you	own or have a	any legal or equitable interes	st in any residence, building, land, or similar prop	erty?	
	Go to Part 2.				
☐ Yes.	. Where is the [	property?	ABILITY TO A SECOND AND A SECOND ASSECTION ASSECTIO		
			What is the property? Check all that apply.  Single-family home	Do not deduct secured cke the amount of any secure	
1.1			Duplex or multi-unit building	Creditors Who Have Clair	
s	treet address, if a	available, or other description	☐ Condominium or cooperative	Current value of the	Current value of the
			Manufactured or mobile home	entire property?	portion you own?
_			Land	\$	\$
			☐ Investment property	<del>-</del>	
C	city	State ZIP Code	☐ Timeshare	Describe the nature of interest (such as fee	
	•		☐ Other	the entireties, or a life	
			Who has an interest in the property? Check one.		
			Debtor 1 only		
ā	County		Debtor 2 only	По. 1775.	**
			Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
			At least one of the debtors and another	(**,	
			Other information you wish to add about this if property identification number:	tem, such as local	
16		4b Eat bass.	property identification number.	<del></del>	
ii you o	MII OI HAVE IIIO	ere than one, list here:	What is the property? Check all that apply.		
			Single-family home	Do not deduct secured cla the amount of any secure	
1.2.		available, or other description	Duplex or multi-unit building	Creditors Who Have Clair	ns Secured by Property.
S	Street address, if	available, or other description	Condominium or cooperative	Current value of the	Current value of the
			Manufactured or mobile home	entire property?	portion you own?
-	· · · · · · · · · · · · · · · · · · ·		☐ Land	\$	\$
			Investment property	Describe the nature	of vour ownorship
ō	City	State ZIP Code	Timeshare	Describe the nature of interest (such as fee	
•	•		Other	the entireties, or a lif	
			Who has an interest in the property? Check one.		
			Debtor 1 only		
7	County	<del></del>	Debtor 2 only		
	<b>y</b>		Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
			At least one of the debtors and another	(see instructions)	
			Other information you wish to add about this its	em. such as local	
			property identification number:	, 94011 40 10041	

	Case 19-33079	J-IXLI L	<b>500 1</b>		Entered 06/10/ Page 13 of 64	19 13.40.02 De	
Debtor 1	Kerrin	Carville		Rose	Case number @	T francisco	
Deniol 1		Se Name	Last Name		Case number (a	KTOWN)	<u> </u>
1.3.	Street address, if availab	le, or other desc	ription	What is the property! ☐ Single-family home ☐ Duplex or multi-unit		Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D: ns Secured by Property.
				Condominium or co	·	Current value of the entire property?	Current value of the portion you own?
				Land		\$	\$
				Investment property	<i>'</i>	Describe the nature of	of your ownership
	City	State 2	ZIP Code	U Timeshare Other		interest (such as fee the entireties, or a life	simple, tenancy by
				Who has an interest	in the property? Check one.		
				Debtor 1 only			
	County			Debtor 2 only		_	
				Debtor 1 and Debtor	2 only	Check if this is co (see instructions)	mmunity property
				At least one of the d	ebtors and another	(see instructions)	
					ນ wish to add about this it n number:		
you own  3. Cars,  N  V  V	that someone else drivi vans, trucks, tractors o es	gal or equitables. If you lease	e a vehicl	le, also report it on <i>Sche</i> o	ther they are registered or dule G: Executory Contracts	and Unexpired Leases.	
Do you o you own 3. Cars,	own, lease, or have leg that someone else drive vans, trucks, tractors o es Make:	gal or equitab es. If you lease s, sport utility	e a vehicl	e, also report it on <i>Sche</i> o, motorcycles  Who has an interest	• -	and Unexpired Leases.  Do not deduct secured cirthe amount of any secure	aims or exemptions. Put d claims on Schedule D:
Do you o you own 3. Cars, \(\sum \) N	own, lease, or have leg that someone else drive vans, trucks, tractors o es Make: Model:	gal or equitables. If you lease, sport utility  Ford  Fusion	e a vehicl	le, also report it on <i>Sche</i> o	dule G: Executory Contracts	and Unexpired Leases.  Do not deduct secured cla	aims or exemptions. Put d claims on Schedule D:
Do you o you own 3. Cars, \(\sum \) N	own, lease, or have legated that someone else driven wans, trucks, tractors oes  Make:  Model:  Year:	gal or equitables. If you lease, sport utility  Ford Fusion 2015	e a vehicl	who has an interest	dule G: Executory Contracts in the property? Check one.	Do not deduct secured cities amount of any secure Creditors Who Have Clair	aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the
Do you o you own 3. Cars, \(\sum \) N	own, lease, or have leg that someone else drive vans, trucks, tractors o es Make: Model:	gal or equitables. If you lease, sport utility  Ford Fusion 2015	e a vehicl	Who has an interest Debtor 1 only Debtor 2 only	dule G: Executory Contracts  in the property? Check one.	and Unexpired Leases.  Do not deduct secured classes the amount of any secure Creditors Who Have Class	aims or exemptions. Put d claims on Schedule D: ns Secured by Property.
Do you o you own 3. Cars, \(\sum \) N	own, lease, or have legated that someone else driven wans, trucks, tractors oes  Make:  Model:  Year:	gal or equitables. If you lease, sport utility  Ford Fusion 2015	e a vehicl	Who has an interest Debtor 1 only Debtor 2 only Debtor 1 and Debtor At least one of the desired	in the property? Check one.  1 2 only ebtors and another	Do not deduct secured cities amount of any secure Creditors Who Have Clair	aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own?
Do you o you own 3. Cars, \(\sum \) N	own, lease, or have let that someone else drive vans, trucks, tractors o es  Make:  Model:  Year:  Approximate mileage:	gal or equitables. If you lease, sport utility  Ford Fusion 2015	e a vehicl	Who has an interest Debtor 1 only Debtor 2 only Debtor 1 and Debtor At least one of the desired	dule G: Executory Contracts  in the property? Check one.	Do not deduct secured cities amount of any secure Creditors Who Have Clair	aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the
Do you own 3. Cars, N 3. 1.	own, lease, or have let that someone else drive vans, trucks, tractors o es  Make:  Model:  Year:  Approximate mileage:	gal or equitables. If you lease s, sport utility  Ford Fusion 2015	e a vehicles	Who has an interest Debtor 1 only Debtor 2 only Debtor 1 and Debtor At least one of the d	in the property? Check one.  1 2 only ebtors and another	Do not deduct secured cities amount of any secure Creditors Who Have Clair	aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own?
Do you own 3. Cars, N 3.1.	own, lease, or have let that someone else drive vans, trucks, tractors o es  Make:  Model:  Year:  Approximate mileage: Other information:	gal or equitables. If you lease s, sport utility  Ford Fusion 2015	e a vehicles	Who has an interest Debtor 1 only Debtor 2 only Debtor 1 and Debtor At least one of the d Check if this is co	in the property? Check one.  1 2 only ebtors and another	Do not deduct secured classes.  Do not deduct secured classes who have Classes Who Have Classes Current value of the entire property?	aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own?
Do you own 3. Cars, N 3. 1.	own, lease, or have legathat someone else driven vans, trucks, tractors of es.  Make: Model: Year: Approximate mileage: Other information:	gal or equitables. If you lease s, sport utility  Ford  Fusion  2015	e a vehicles	Who has an interest Debtor 1 only Debtor 2 only Debtor 1 and Debtor At least one of the d Check if this is co	in the property? Check one.  2 only ebtors and another emmunity property (see	Do not deduct secured citite amount of any secure Creditors Who Have Clair Current value of the entire property?  \$  Do not deduct secured citite amount of any secure	aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$
Do you own 3. Cars, N 3.1.	own, lease, or have let that someone else drive vans, trucks, tractors o es  Make:  Model:  Year:  Approximate mileage: Other information:	gal or equitables. If you lease s, sport utility  Ford  Fusion  2015	e a vehicles	who has an interest Debtor 1 only Debtor 2 only Debtor 1 and Debtor At least one of the d Check if this is coinstructions)  Who has an interest	in the property? Check one.  2 only ebtors and another emmunity property (see	Do not deduct secured classes.  Do not deduct secured classes the amount of any secure Creditors Who Have Class Current value of the entire property?  \$	aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$
Do you own 3. Cars, N 3.1.	own, lease, or have legathat someone else driven vans, trucks, tractors of es.  Make: Model: Year: Approximate mileage: Other information:	gal or equitables. If you lease s, sport utility  Ford  Fusion  2015	e a vehicles	who has an interest Debtor 1 only Debtor 1 and Debtor At least one of the d Check if this is constructions)  Who has an interest	in the property? Check one.  r 2 only ebtors and another ommunity property (see	Do not deduct secured classes.  Do not deduct secured classes who Have Classes.  Current value of the entire property?  \$  Do not deduct secured classes amount of any secure Creditors Who Have Classes who	aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$
Do you own 3. Cars, N 3.1.	own, lease, or have let that someone else drive vans, trucks, tractors of es.  Make: Model: Year: Approximate mileage: Other information:  own or have more than Make: Model:	gal or equitables. If you lease, sport utility  Ford Fusion 2015	e a vehicles	who has an interest Debtor 1 only Debtor 2 only Debtor 1 and Debtor At least one of the d Check if this is coinstructions)  Who has an interest	in the property? Check one.  2 only ebtors and another ommunity property (see in the property? Check one.	Do not deduct secured claim amount of any secure Creditors Who Have Claim Current value of the entire property?  \$	aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$
Do you own 3. Cars, N 3.1.	own, lease, or have let that someone else drive vans, trucks, tractors of es.  Make: Model: Year: Approximate mileage: Other information:  was on the more than make: Model: Year:	gal or equitables. If you lease, sport utility  Ford Fusion 2015	e a vehicles	who has an interest Debtor 1 only Debtor 2 only Debtor 1 and Debtor At least one of the d Check if this is constructions)  Who has an interest Debtor 1 only Debtor 2 only	in the property? Check one.  2 only ebtors and another ommunity property (see in the property? Check one.	Do not deduct secured classes.  Do not deduct secured classes who Have Classes.  Current value of the entire property?  \$  Do not deduct secured classes amount of any secure Creditors Who Have Classes who	aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$

exemptions. Put
ns on Schedule D: cured by Property.
rent value of ti
tion you own?
exemptions. Put
ns on Schedule D: cured by Property.
rent value of thi tion you own?
•
exemptions. Put ns on Schedule D: sured by Property.
rent value of the
2011 702 011111
exemptions. Put
ns on <i>Šchedule D:</i>
ns on <i>Schedule D:</i> cured by Property.
ns on <i>Schedule D:</i> cured by Property.
ns on <i>Schedule D:</i> cured by Property. <b>rent value of tì</b>
ns on <i>Schedule D:</i> cured by Property. <b>rent value of tì</b>
ns on <i>Schedule D:</i> cured by Property. <b>rent value of ti</b>
ns on <i>Schedule D:</i> cured by Property. <b>rent value of ti</b>
ns on <i>Schedule</i> cured by Propert rent value of

5.

Case 19-33079-KLP

Doc 1

Filed 06/10/19

Entered 06/10/19 13:48:02 Desc Main Page 15 of 64 Document Rose Kerrin Carville Debtor 1 Case number (if known) **Describe Your Personal and Household Items** Part 3: Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Two bedroom sets, sofa, loveseat, end tables coffee tables 3000 Ø Yes. Describe...... 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe...... Two televisions and two cell phones 900 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ☐ No Yes. Describe...... 9. Equipment for sports and hobbies

_	Yes. Describe	\$
	No. 27	
10. <b>Fi</b> i	earms	
E	amples: Pistols, rifles, shotguns, ammunition, and related equipment	
Z	No	

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes

and kayaks; carpentry tools; musical instruments

☐ Yes. Describe...... 11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe....... pants, dresses, coats, shoes, shorts 2000

12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, ☑ No

Yes, Describe...... 13. Non-farm animals Examples: Dogs, cats, birds, horses

√ No ☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list ☑ No Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

**☑** No

Case 19-33079-KLP

Doc 1

Document

Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main

Kerrin

an LLC, partnership, and joint venture

Name of entity:

□ No

☐ Yes. Give specific

information about

them.....

Carville

Rose

Page 16 of 64

Debtor 1 First Name

Case number (if known)

Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes Cash: ..... \$ 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. MO No ☐ Yes..... Institution name: 17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ☑ No ☐ Yes..... Institution or issuer name 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in

% of ownership:

0%

0%

0%

Document

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main

Case number (if known)\_

Debtor 1

Kerrin

Carville

Rose

Page 17 of 64

Negotiable instruments		er negotiable and non-negotiable instruments  ks, cashiers' checks, promissory notes, and money orders.	
Non-negotiable instrume	ents are those you can	nnot transfer to someone by signing or delivering them.	
☑ No			
Yes. Give specific	Issuer name:		
information about them			\$
			\$
	<del></del>		\$
1. Retirement or pension  Evernies: Interests in II		01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
✓ No	ron, Errion, recogn, +	or(k), 400(b), tillit savings accounts, or other periods or profit sharing plans	
Yes. List each			
account separately.	Type of account:	Institution name:	
	401(k) or similar plan:		\$
	Pension plan:		\$
	IRA:		\$
	Retirement account:		\$
			\$
	Keogh:		
	Additional account:		\$
• •			\$
Your share of all unuser Examples: Agreements companies, or others	prepayments d deposits you have n	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications	
Your share of all unuser Examples: Agreements companies, or others	prepayments d deposits you have n with landlords, prepai	id rent, public utilities (electric, gas, water), telecommunications	
Your share of all unuser Examples: Agreements companies, or others	prepayments d deposits you have n with landlords, prepai		
Your share of all unuser Examples: Agreements companies, or others	prepayments d deposits you have n with landlords, prepai	id rent, public utilities (electric, gas, water), telecommunications	
Your share of all unuser Examples: Agreements companies, or others	prepayments d deposits you have n with landlords, prepai	id rent, public utilities (electric, gas, water), telecommunications	
Your share of all unuser Examples: Agreements companies, or others	prepayments d deposits you have n with landlords, prepai  In: Electric: Gas: Heating oil:	id rent, public utilities (electric, gas, water), telecommunications	\$\$\$
Your share of all unuser Examples: Agreements companies, or others	prepayments d deposits you have n with landlords, prepai  In: Electric:  Gas:  Heating oil:  Security deposit on re	id rent, public utilities (electric, gas, water), telecommunications	\$\$ \$\$
Your share of all unuser Examples: Agreements companies, or others	prepayments d deposits you have in with landlords, prepail in: Electric: Gas: Heating oil: Security deposit on re	id rent, public utilities (electric, gas, water), telecommunications	\$\$ \$\$
Your share of all unuser Examples: Agreements companies, or others	prepayments d deposits you have n with landlords, prepai  In: Electric:  Gas:  Heating oil:  Security deposit on re	id rent, public utilities (electric, gas, water), telecommunications	\$\$ \$\$ \$\$ \$\$
Your share of all unuser Examples: Agreements companies, or others	prepayments d deposits you have n with landlords, prepai  In: Electric:  Gas: Heating oil: Security deposit on re Prepaid rent:  Telephone:	id rent, public utilities (electric, gas, water), telecommunications	\$\$ \$\$ \$\$ \$\$
Your share of all unuser Examples: Agreements companies, or others	prepayments d deposits you have n with landlords, prepai  In: Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone: Water: Rented furniture:	id rent, public utilities (electric, gas, water), telecommunications	\$\$ \$\$
Your share of all unuser Examples: Agreements companies, or others	prepayments d deposits you have rewith landlords, prepaid In: Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone: Water:	id rent, public utilities (electric, gas, water), telecommunications	\$\$ \$\$ \$\$ \$\$
Your share of all unused Examples: Agreements companies, or others  I No Yes	prepayments d deposits you have n with landlords, prepai  In: Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone: Water: Rented furniture: Other:	stitution name or individual:	\$\$ \$\$ \$\$ \$\$
Your share of all unuser  Examples: Agreements companies, or others  No Yes	prepayments d deposits you have n with landlords, prepai  In: Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone: Water: Rented furniture: Other:	id rent, public utilities (electric, gas, water), telecommunications	\$\$ \$\$ \$\$ \$\$
Your share of all unused Examples: Agreements companies, or others  No Yes	prepayments d deposits you have in with landlords, prepai  In: Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone: Water: Rented furniture: Other:  or a periodic payment	of money to you, either for life or for a number of years)	\$\$ \$\$ \$\$ \$\$
Examples: Agreements companies, or others  No Yes	prepayments d deposits you have n with landlords, prepai  In: Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone: Water: Rented furniture: Other:	of money to you, either for life or for a number of years)	\$\$  \$\$  \$\$  \$\$  \$
Your share of all unused Examples: Agreements companies, or others  No Yes	prepayments d deposits you have in with landlords, prepai  In: Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone: Water: Rented furniture: Other:  or a periodic payment	of money to you, either for life or for a number of years)	\$\$ \$\$ \$\$ \$\$

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Page 18 of 64 Document Rose Carville Debtor 1 Case number (if known) 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ☑ No ☐ Yes ..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☑ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements **☑** No Yes. Give specific information about them.... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☑ No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you **☑** No ☐ Yes. Give specific information Federal: about them, including whether you already filed the returns State: and the tax years. ..... Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement **☑** No Yes. Give specific information..... Alimony: Maintenance: Support Divorce settlement: Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ☑ No

☐ Yes. Give specific information......

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 19 of 64

Carville Rose Kerrin Debtor 1 Case number (it lose 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☑ No Yes. Name the insurance company Company name: Beneficiary: Surrender or refund value: of each policy and list its value... 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. Mo No ☐ Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue Z No ☐ Yes. Describe each claim..... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ No Yes. Describe each claim..... 35. Any financial assets you did not already list ☐ No Yes. Give specific information..... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned M No Yes. Describe......

☐ Yes. Describe......

☐ No

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, moderns, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Case 19-33079-KLP Doc 1 Page 20 of 64 Document Carville Rose Kerrin Deptor 1 Case number (if know 40 Machinery, fixtures, equipment, supplies you use in business, and tools of your trade ☐ Yes. Describe...... 41. Inventory ☐ No ☐ Yes. Describe...... 42. Interests in partnerships or joint ventures ■ No Yes. Describe...... Name of entity: % of ownership: 43. Customer lists, mailing lists, or other compilations ☐ No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? Yes. Describe...... 44. Any business-related property you did not already list □ No ☐ Yes. Give specific information ...... 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest in. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish ■ No ☐ Yes.....

Page 21 of 64 Document Carville Rose Kerrin Debtor 1 48. Crops-either growing or harvested ☐ Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade ■ No ☐ Yes..... 50. Farm and fishing supplies, chemicals, and feed ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list ☑ No ☐ Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here . Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership M No ☐ Yes. Give specific information..... 54. Add the dollar value of all of your entries from Part 7. Write that number here List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 56. Part 2: Total vehicles, line 5 57. Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 59. Part 5: Total business-related property, line 45 60 Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 62. Total personal property. Add lines 56 through 61. ..... Copy personal property total -> +\$ 63. Total of all property on Schedule A/B. Add line 55 + line 62.

Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main

Case 19-33079-KLP

Doc 1

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 22 of 64

Fill	e this inform	ation to identify	/ your case:						
Debt	or 1 Ker	rin	Carville		Rose	-			
	First	vame	Middle Name	,	Last Name	<u>-</u>			
Debt (Spou	or2 use, iffiling) Firsti	Name	Middle Name		Last Name	<u> </u>			
Unite	ed States Bankı	uptcy Court for the	Eastern District	of Virginia					
Case (If kn	number								☐ Check if this is a amended filing
Offi	cial For	m 106C							
Sc	<u>he</u> dul	e C: Th	e Prop	erty	You	Claim	as Exe	mpt	04/19
Using space	the property is needed, fi	you listed on Sch	nedule A/B: Prop to this page as n	erty (Officia	Form 106A	VB) as your so	ource, list the prop	erty that yo	oplying correct information. ou claim as exempt. If more any additional pages, write
specification of any retirest timits	fic dollar am / applicable : ment funds the exempti	ount as exempt. statutory limit. S -may be unlimit	. Alternatively, Some exemptio ed in dollar am ar dollar amour	you may clans—such a count. Howe the vitant	aim the full s those for ver, if you	fair market v health aids, claim an exe	alue of the prope rights to receive mption of 100% o	rty being certain be f fair mari	way of doing so is to state a exempted up to the amount nefits, and tax-exempt set value under a law that mount, your exemption
Par	t 1: Ident	ify the Proper	ty You Claim	as Exem <sub>l</sub>	ot				
( (	You are cl ☐ You are cl	exemptions are aiming state and aiming federal ex erty you list on S	federal nonbani cemptions. 11 U	kruptcy exer I.S.C. § 522(	nptions. 11 b)(2)	U.S.C. § 522(		v.	
		tion of the prope 3 that lists this p		Current va	-	Amount of	the exemption you	claim	Specific laws that allow exemption
				Copy the vo		Check only o	one box for each ex	emption.	
	Brief description:	2015 Ford Fu	sion	\$		□ s			
1	uescription: Line from Schedule A/E	l;		-		☐ 100% o	f fair market value licable statutory lir		
	Brief description:			\$		<b></b>			
1	Line from Schedule A/B	; <del></del>					f fair market value dicable statutory lii	•	
-	Brief			¢		<b>□</b> \$		,	
	description: Line from	<del></del>		Ψ			f fair market value	, up to	
	Schedyle A/B	:					licable statutory li		,,,,
(	Subject to ad	n <b>ing a homeste</b> justment on 4/01	_				fter the date of ad	justment.)	
	□ No □ Yes. Did y □ No	ou acquire the p	roperty covered	by the exem	ption within	1,215 days b	efore you filed this	case?	
	☐ Yes								

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 23 of 64

Debtor 1

Kerrin

Carville

Rose

Case number (# known)\_\_

Part 2: Additional Page

Brief description of the property and on Schedule A/B that lists this prop	d line Current value of the erty portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: ———————	\$	<b></b>	
Line from Schedule A/B;		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description: ————————————————————————————————————	\$	<b>-</b> \$	
Line from Schedule A/8: ———		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description: ————————————————————————————————————	\$	<b>-</b> \$	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	<b>=</b> \$	
ine from Schedule A/B;		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description: ————————————————————————————————————	\$	<b>D</b> \$	
_ine from Schedule A/B; ———		100% of fair market value, up to any applicable statutory limit	
Brief Jescription: ————————————————————————————————————	\$	<b>□</b> \$	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description: ———————	\$	<b>□</b> \$	
Line from Schedule A/B;		100% of fair market value, up to any applicable statutory limit	
Brief description: ————————————————————————————————————	\$	<u> </u>	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	<b>□</b> \$	
ine from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	□ s	
ine from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief Jescription:	\$	<b></b> s	
.ine from Sc <i>hedule A/B;</i> ———		☐ 100% of fair market value, up to any applicable statutory limit	
Brief lescription:	\$	<b></b>	
ine from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 24 of 64

Fill in this	nformation to ident	lify your case						
Debtor 1	Kerrin	Carville	Rose					
	First Name	Middle Na	ime	Last Name	1			
Debtor 2 (Spouse, if filing	) First Name	Middle Na	sme	Last Name	<del></del>			
United States	Bankruptcy Court for the	he Fastem Di	istrict of Virginia					
Office Office	balliquipley countries a	ile. Edototti D	.ouiot or triginia					
Case number (If known)	·						☐ Check i	f this is an
							amende	ed filing
Official	<u> F</u> orm 106D	)						
Sched	dule D: Cr	_ editors	s Who H	ave Clair	ns Secure	ed by Pro	ertv	12/15
Be as comp information	plete and accurate a b. If more space is n	as possible. reeded, conv	if two married pe the Additional i	eople are filing to Page, fill it out, n	gether, both are eq umber the entries. a	ually responsible t and attach it to this	or supplying correct form. On the top of	anv
	pages, write your na							
_								
	reditors have claim		• • • •		Jan Varrhaum methi		Maio forma	
	heck this box and su		n to the court with	your other sched	ules. You nave nothi	ng eise to report on	tnis torm.	
☐ Yes. I	Fill in all of the inform	iation below.						
Part 1:	jst All Secured C	·laime						
raitu. E	Jac All Secured C	Haiiis				Column A	Column B	Column C
	ocured claims. If a c					Amount of claim	Value of colleges	Unicipal
	daim. If more than o					Do not deduct the	that supporte this	portion
AS MUCH	as possible, list the o	daims in aipn	abetical order act	cording to the cred	nors name.	value of colleteral.	Claim	lf any
2.1 Global	Lending Services	<b>,</b>	Describe the pn	operty that secure	s the claim:	\$	\$;	s
Creditor's N		· · · · · · · · · · · · · · · · · · ·	2015 Ford Fus	ion		]	<del></del>	
	ox 935538		20101 0101 03	ion				
Number	Street							
			As of the date y	ou file, the claim i	s: Check all that apply.			
Atlanta	GA	31193	Unliquidated					
City	State	ZIP Code	Disputed					
Who owes	the debt? Check one.		Nature of lien. C	heck all that apply.				
Debtor	1 only				mortgage or secured			
Debtor:	2 only		car loan)					
_	1 and Debtor 2 only		_	(such as tax lien, me	echanic's lien)			
☐ At least	one of the debtors and	another		n from a lawsuit .ng a right to offset) _				
☐ Check	If this claim relates t	to a	- Outer (mode)	ilg a right to onsety_		_		
	unity debt		l and d dimba of	account number_				
2.2	was incurred					_		
Creditor's N	lome		Describe the pr	operty that secure	s the claim:	\$	<b>\$</b>	\$
Cleditors	idi <del>nj</del>							
Number	Street					j		
			_	ou file, the claim i	s: Check all that apply.			
			Contingent					
City	State	ZIP Code	Unliquidated Disputed					
•	46 Jak40 Okada		<u>.</u>					
_	the debt? Check one.		_	Check all that apply.				
☐ Debtor:	•		An agreemen car loan)	t you made (such as	mortgage or secured			
_	2 only 1 and Debtor 2 only		_ ′	(such as tax lien, me	echanic's lien)			
_	one of the debtors and	another	Judgment lier	n from a lawsuit				
Chack	if this claim relates t	to a	Other (includi	ing a right to offset) _		_		
	ा this claim relates i unity debt							
	was incurred		Last 4 digits of	account number_				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Add the	dollar value of you	ır entries in (	Column A on this	s page. Write tha	t number here:	\$	J	
							<b>-</b>	

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 25 of 64

Debtor 1	Kerrin	Carville	Rose Case	number (# known)		
295001	First Name	Middle Name	Last Name			
	Additional F	age		Column A	Column B	Column C
Part 1:	After listing a	nv entries on this o	age, number them beginning with 2.3, followed	Amount of claim	Value of collegeral that supports this	Unsecured portion
	by 2.4, and so			Do not deduct the value of collateral.	Cigirs from profession on Huma	If any
7						n ung
J			Describe the property that secures the claim:	\$	\$	\$
Credito	or's Name					
Numbe	or Street					
			As of the date you file, the claim is: Check all that a	i		
			Contingent	ηνy.		
City		State ZIP Code	Unliquidated			
City		State ZIF Code	Disputed			
Who ov	wes the debt? Ch	eck one.	Nature of lien. Check all that apply.			
☐ Deb	otor 1 only		An agreement you made (such as mortgage or secur	ed		
☐ Deb	otor 2 only		car loan)			
Deb	otor 1 and Debtor 2	only	Statutory lien (such as tax lien, mechanic's lien)			
🗀 Atk	east one of the deb	tors and another	Judgment lien from a lawsuit			
□сы	eck if this claim r	alates to a	Other (including a right to offset)			
	eck if this claim f nmunity debt	ewite in q				
	•					
Date de	ebt was incurred		Last 4 digits of account number	•		
					·	
			Describe the property that secures the claim:	\$	<b>\$</b> :	\$
Credito	or's Name					
Numbe	er Street					
			As of the date you file, the claim is: Check all that ap	opły.		
			Contingent			
O:b.		State ZIP Code	Unliquidated			
City			☐ Disputed			
Who ov	wes the debt? Ch	eck one.	Nature of lien. Check all that apply.			
Deb	otor 1 only		An agreement you made (such as mortgage or secur	ed		
☐ Deb	otor 2 only		car loan)	64		
☐ Deb	otor 1 and Debtor 2	only	Statutory lien (such as tax lien, mechanic's lien)			
☐ At k	east one of the deb	tors and another	☐ Judgment lien from a lawsuit			
□ сы	eck if this claim :	raintae ta a	Other (including a right to offset)	<u>.</u>		
	nmunity debt	eiales io a				
• • •						
Date de	ebt was incurred		Last 4 digits of account number			
					24-24-24-24-24-24-24-24-24-24-24-24-24-2	<del> </del>
<u></u>		<del></del>	Describe the property that secures the claim:	\$	<u> </u>	\$
Credito	or's Name					
B1	Cture -	<del></del>		<b>!</b>		
Numbe	or Street					
			As of the date you file, the claim is: Check all that ap			
			Contingent	-c.v.		
City	<del> </del>	State ZIP Code	Unliquidated			
Oily		State 21 Code	Disputed			
	45 4 4.0					
_	wes the debt? Ch	eck one.	Nature of lien. Check all that apply.			
	otor 1 only		An agreement you made (such as mortgage or secur	ed		
_	otor 2 only		car loan)			
_	otor 1 and Debtor 2	•	Statutory lien (such as tax lien, mechanic's lien)			
☐ At k	east one of the deb	tors and another	Judgment lien from a lawsuit			
	eck if this claim r	relates to a	Other (including a right to offset)			
	nmunity debt ebt was incurred		Last 4 digits of account number			
					1	
		-	in Column A on this page. Write that number he	ere:  \$	_	
	f this is the last Write that numb		add the dollar value totals from all pages.	\$	_	

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 26 of 64

Carville Kerrin Rose Debtor 1 Case number (if ki Part 2: List Others to Be Notified for a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. On which line in Part 1 did you enter the creditor? \_ Name Last 4 digits of account number \_ Number Street City ZIP Code On which line in Part 1 did you enter the creditor? Name Last 4 digits of account number \_ Number Street City ZIP Code State On which line in Part 1 did you enter the creditor? Name Last 4 digits of account number Number Street City ZIP Code On which line in Part 1 did you enter the creditor? \_ Name Last 4 digits of account number \_ Number Street City ZIP Code State On which line in Part 1 did you enter the creditor? \_\_\_ Name Last 4 digits of account number \_\_\_ \_ Number Street City ZIP Code State On which line in Part 1 did you enter the creditor? \_\_\_\_ Name Last 4 digits of account number \_ Number Street

City

ZIP Code

State

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 27 of 64

_				Document Tage 21	, 01 0 <del>4</del>			
	Fill in this	information t	to identify your case:					
Г		مان میلاد	Candla	Dana				
	Debtor 1	Kerrin First Name	Carville	Rose				
	Debtor 2	r not (valine	imude (with	East (1971)				
	Deptor 2 (Spouse, if film	g) First Name	Middle Name	Last Name				
1	National Contra	- Danimana	and for the Eastern District o	of Maninia				
	United States	s Bankruptcy C	ourt for the: Eastern District of	or Virginia			Char	k if this is an
ĺ	Case numbe	r		<u>_</u>	Í		-	nded filing
L	(If known)						ame	naca ming
_								
C	Official	Form 10	06E/F					
•	Salbad	udo E/I	 E. Craditara V	Vho Have Unsec	urad Claim	••		404=
3	ocnea	ule E/I	r: Creditors v	vno nave onseci	ired Claim	15		12/15
R	o se comp	lete and acci	urate as nossible. Use Par	t 1 for creditors with PRIORITY cl	aims and Part 2 for	creditors with	NONPRIORI	Y claims
				unexpired leases that could resul				
				fule G: Executory Contracts and				
				ed in Schedule D: Creditors Who				
				the entries in the boxes on the le	ft. Attach the Contin	nuation Page t	o this page. (	On the top of
<b>a</b> (	ny addition	iai pages, wr	rite your name and case nu	imber (if Known).				
þ	art 1: L	ist All of Y	our PRIORITY Unsecut	red Claims				
-			<del>_</del>			<del></del>		
1.	. Do any c	reditors hav	e priority unsecured claim	s against you?				
	☑ No. G	60 to Part 2.						
	Yes.							
2	. List all o	f vour priori	ty unsecured claims. If a c	reditor has more than one priority u	nsecured claim, list th	e creditor sepa	rately for each	n claim. For
	each clair	m listed, ident	tify what type of claim it is. If	a claim has both priority and nonpi	riority amounts, list tha	at claim here ar	nd show both	oriority and
	nonprioril	ty amounts. A	s much as possible, list the	claims in alphabetical order accordi	ng to the creditor's na	me. If you have	e more than t	vo priority
			=	Part 1. If more than one creditor ho		, list the other o	reditors in Pa	rt 3.
	(For an e	xplanation of	each type of claim, see the	instructions for this form in the instr	uction booklet.)			
						Total claim	Priority amount	Nonpriority amount
	7						amount	amount
2.1	1			Last 4 digits of account number	,	\$	\$	\$
	Priority Cr	editor's Name	<del></del>	Last 4 digits of account number	<del></del>			
				When was the debt incurred?				
	Number	Street	· <u> </u>					
		<del></del> -		As of the date you file, the claim	is: Check all that apply			
				☐ Contingent				
	City		State ZIP Code	Unliquidated				
			bt? Check one.	Disputed				
	_	tor 1 only						
		tor 2 only		Type of PRIORITY unsecured	claim:			
		tor 1 and Debto	=	Domestic support obligations				
	_		debtors and another	☐ Taxes and certain other debts yo	ou owe the government			
	☐ Che	ck if this clair	m is for a community debt	Claims for death or personal inju	ıry while you were			
	is the c	laim subject (	to offset?	intoxicated				
	☐ No			Other. Specify				
	☐ Yes	character and the second second	reign teachers in a state of company the state of	North Control of the Profit of the Control of the C	DEBENDEN TO THE CONTRACT OF TH	pe and shifted of the Chapter of the	· · · · · · · · · · · · · · · · · · ·	والمراجعة المقامسة المراجعة ا
2.2				Last 4 digits of account number				
	Priority Cr	editor's Name				<b>a</b>	_ <del>_</del>	_ *
				When was the debt incurred?				
	Number	Street		As of the date you file, the claim	is: Check all that apply			
				· <u> </u>	Tot of Jose all trace appry			
	<u> </u>		Pi-t- 315.0 1	Contingent				
	City		State ZIP Code	Unliquidated				
	_		bt? Check one.	☐ Disputed				
		or 1 only		Type of PRIORITY unsecured	claim:			
	_	or 2 only		☐ Domestic support obligations				
	_	tor 1 and Debto	•	☐ Taxes and certain other debts yo	ou owe the anvernment			
	L At le	ast one of the d	debtors and another	Claims for death or personal inju				
	☐ Che	ck if this clair	m is for a community debt	intoxicated	iy wille you were			
	is the c	laim subject t	to offset?	Other. Specify				

No Yes

Doc 1 Case 19-33079-KLP Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 28 of 64 Carville Debtor 1 Case number of know First Name Your PRIORITY Unsecured Claims — Continuation Page Part 1: Nonpriority After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. **Total claim Priority** amount amount Last 4 digits of account number \_ Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent ZIP Code ☐ Unliquidated ■ Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify. Is the claim subject to offset? ☐ No ☐ Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 7IP Code □ Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? ☐ No ☐ Yes Last 4 digits of account number \_ Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other, Specify Is the claim subject to offset? ■ No

Yes

Debtor	Case 19-33079-KL  Kerrin Carv		Filed 06/10 Document	0/19 Entered 06/10/19 13:48:02 Des Page 29 of 64 Case number (# known)	sc Mai	n ——
_	First Name Middle Name	Last Name				
Part		<del></del>	<del></del>		<del></del> ,	
	o any creditors have nonpriori No. You have nothing to report Yes			court with your other schedules.		
no inc	inpriority unsecured claim, list th	e creditor separa e creditor holds	ately for each claim.	rder of the creditor who holds each claim. If a creditor has For each claim listed, identify what type of claim it is. Do not st the other creditors in Part 3.If you have more than three no	list claim	s already
4.1	VERIZON FIOS			Last 4 digits of account number	Total c	
	Nonpriority Creditor's Name	······································	<del>-</del>	<del></del>	\$	200.00
_	P O BOX 15124			When was the debt incurred?		
	Number Street	NY	12212			
	City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
				☑ Contingent		
	Who incurred the debt? Check on	ne.		Unliquidated		
	Debtor 1 only			Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and ar	nother		☐ Student loans		
				Obligations arising out of a separation agreement or divorce		
	Check if this claim is for a co	minumity debt		that you did not report as priority claims		
	ls the claim subject to offset?  No			Debts to pension or profit-sharing plans, and other similar debters.  Other Specify CABLE	5	
	MZINO □ Yes			Other. Specify Of IDEE		
	Military and the second	Market H. M. Jan. V. L. 194000		1. The management of the control of	************	195.00
	CITY OF HOPEWELL			Last 4 digits of account number	\$	100.00
	Nonpriority Creditor's Name			When was the debt incurred?		
	POBOX 199 Number Street		<del></del>			
	HOPEWELL	VA	23860	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	☐ Contingent		
	Who incurred the debt? Check or	ne.		☐ Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only					
	At least one of the debtors and a	nother		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce		
	Check if this claim is for a co	ommunity debt		that you did not report as priority claims		
	ls the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debt	5	
	☑ No			Other Specify PROPERTY TAXES		
	Yes	and the former than an absorbed to a first	HINA IN MEGALINA	A CONTRACTOR OF THE PROPERTY O	a manager of the second	TOTAL STATE OF THE SAME OF THE
	CREDIT COLLECTION SI	ERVICES		Last 4 digits of account number	\$	200.00
	Nonpriority Creditor's Name 725 CANTON STREET			When was the debt incurred?	<u></u>	
	Number Street					
	NORWOOD	MA State	02062	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check or —	ne.		☐ Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only					
	At least one of the debtors and a	nother		Type of NONPRIORITY unsecured claim:		
	_			☐ Student loans		
	Check if this claim is for a co	ommunity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	ls the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debt	5	
	M No			✓ Other Specify CREDIT CARD		
	Yes					
						•

( ebtor 1	Case 19-33 Kerrin	079-KLP  Carville	Doc 1	Document Rose	19 Entered 06/10/19 13:48:02 Desc N Page 30 of 64 Case number (4 known)	1ain 
art 2:				" Iaims — Çontinuat	ion Page	
			·		i, followed by 4.5, and so forth.	Total claim
]	IACE AUTO E	MANOE			Last 4 digits of account number	s 3000.0
Nonp	IASE AUTO FI				When was the debt incurred?	\$
Num	D BOX 901007 ber Street PRT WORTH	<u> </u>	TX		As of the date you file, the claim is: Check all that apply.	
City	IKI WOKIII	<del></del>	State	ZIP Code	☑ Contingent	
Who	o incurred the det	ot? Check one.			☐ Unliquidated☐ Disputed	
-	Debtor 1 only Debtor 2 only				Type of NONDRIGHTY upgequired eleims	
_	Debtor 2 only Debtor 1 and Debtor	2 only			Type of NONPRIORITY unsecured claim:  Student loans	
	At least one of the d	ebtors and another	r		Obligations arising out of a separation agreement or divorce that	
	Check if this clain he claim subject to		ınity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify CAR LOAN	
<b>3</b>	No				Outer Specify	
	RST PREMIER	BANK	n ka in katalahahan ya	and provide angulated in the provider of	Last 4 digits of account number	\$ 1000.C
	oriority Creditor's Name 20 LOUISE AV	<b>/</b> E			When was the debt incurred?	
SIC	ber Street OUX FALLS		SD	57107	As of the date you file, the claim is: Check all that apply.	
City	<u>-</u>		State	ZIP Code	☑ Contingent	
Who	o incurred the det	ot? Check one.			☐ Unliquidated ☐ Disputed	
<b>4</b>	Debtor 1 only					
_	Debtor 2 only Debtor 1 and Debtor	· 2 ook			Type of NONPRIORITY unsecured claim:	
	At least one of the d	•	r		Student loans	
	Check if this clain		nity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	he claim subject t		mity debt		☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify CREDIT CARD	
<b>Z</b>	No				_ state speary	
	W GENERAT	IONS CREDI	T UNIO	V	Last 4 digits of account number	\$ 500.0
	priority Creditor's Name	DD ROAD			When was the debt incurred?	
Numi		<u></u>	VA	23220	As of the date you file, the claim is: Check all that apply.	
City	_ <u></u>	. <u></u> .	State	ZIP Code	☑ Contingent	
Who	o incurred the det	nt? Check one.			☐ Unliquidated ☐ Disputed	
	Debtor 1 only Debtor 2 only				•	
	Debtor 2 only Debtor 1 and Debtor	2 only			Type of NONPRIORITY unsecured claim:	
_	At least one of the d	•	ī		<ul> <li>☑ Student loans</li> <li>☑ Obligations arising out of a separation agreement or divorce that</li> </ul>	
	Check if this clain	n is for a commu	ınity debt		you did not report as priority claims	
ls th ⊠1 i	ne claim subject to	o offset?			☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify BANK	
<b>3</b>						

	Case 19-33079-KLP	Doc 1	Filed 06/10	0/19 Entered 06/10/19 13:48:02 Des Page 31 of 64	c Main
Debto	Kerrin Carville	Lest Name	Document Rose	Case number (if known)	
Part	-		ecured Claims		
3. D	o any creditors have nonpriority u	nsecured c	iaims against you'i	?	
	No. You have nothing to report in t Yes	his part. Sul	omit this form to the	court with your other schedules.	
n: in	onpriority unsecured claim, list the cre	editor separ editor holds	ately for each claim.	rder of the creditor who holds each claim. If a creditor has For each claim listed, identify what type of claim it is. Do not st the other creditors in Part 3.If you have more than three no	list claims already
	PNC BANK MORTGAGE			Last 4 digits of account number	98000.00
	Nonpriority Creditor's Name POBOX 8703	<u>-</u>		When was the debt incurred?	\$
	Number Street				
	DAYON	OH State	45401 ZIP Code	As of the date you file, the claim is: Check all that apply.	
	<b>,</b>			Contingent	
	Who incurred the debt? Check one.			☐ Unliquidated	
	Debtor 1 only			☐ Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	er .		☐ Student loans	
	Check if this claim is for a comm	unity debt		Obligations arising out of a separation agreement or divorce	
	Is the claim subject to offset?			that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	☑ No			Other Specify MORTGAGE	
,	☐ Yes			U - Us and proportion of the second control of the second co	alanan mari mayay aya u jiraa ya maran marin ka ka a a a a a a a a a a a a a a a a
4.2	ENHANCED RECOVERY SE	RVICE		Last 4 digits of account number	\$800.00
	Nonpriority Creditor's Name			When was the debt incurred?	
	P O BOX 57547  Number Street		<del></del>		
	JACKSONVILLE	FL	32241	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed	
	Debtor 1 only  Debtor 2 only				
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	er		Student loans	
	Check if this claim is for a comm	unity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts  Other. Specify COLLECTIONS/SPRINT	
	☑ No ☑ Yes				
4.3	SPRINT		VIII WATER BOTH WATER WATER TO	A consistency of the contract	manificantessamentessamentes Medicantessamentes
	Nonpriority Creditor's Name			Last 4 digits of account number	\$800.00
	P O BOX 4191			When was his dept invalled:	
	Number Street CAROL STREAM	IL	60197	As of the date was file the state to 0.	
	City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.			Contingent  Unliquidated	
	Debtor 1 only			Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only			Turns of NONDBIODITY	
	At least one of the debtors and another	eΓ		Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a comm	unity debt		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
	Is the claim subject to offset?	, <del></del>		that you did not report as priority claims	
	No			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify CELL PHONE BILL	
	☐ Yes			- July Specific Control of the Contr	
—					

	e 19-33079-K errin	LP Doc 1  Carville	Filed 06/10 Document Rose	0/19 Entered 06/10/19 13:48:02 De: Page 32 of 64 Case number (# known)	sc Main
Fir	st Name Middle Name  t All of Your NON		Coursed Claims		
				2	
_	ditors have nonprion to reposit t	-		court with your other schedules.	
nonpriority of included in l	unsecured claim, list :	the creditor separa one creditor holds a	stely for each claim.	order of the creditor who holds each claim. If a creditor has, For each claim listed, identify what type of claim it is. Do no st the other creditors in Part 3.If you have more than three no	t list claims already
TERRAG	CEVIEW APART	MENTS		Last 4 digits of account number	Total claim
Nonpriority C	reditor's Name		···	When was the debt incurred?	\$4000.00
202 LAK Number	EVIEW PARK R	ROAD	<del></del>	When was the dept incurred?	
COLON	IAL HEIGHTS	VA State	23834 ZIP Code	As of the date you file, the claim is: Check all that apply.	
Oly		State	ZIF COCC	☑ Contingent	
Who incu	rred the debt? Check	one.		☐ Unliquidated	
Debtor	*			☐ Disputed	
☐ Debtor	2 only 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	one of the debtors and	i another		☐ Student loans	
☐ Check	if this claim is for a	community debt		Obligations arising out of a separation agreement or divorce	
	m subject to offset?	<b></b>		that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debt	9
☑ No				Other. Specify APARTMENTS	
☐ Yes					
SW CRE	EDT SYSTEMS L	_P.		Last 4 digits of account number	\$200.00
	reditor's Name			When was the debt incurred?	
4120 IN	TERNATIONAL I	PARKWAY ST	E. 1100		
CARRO	**	TX	75007	As of the date you file, the claim is: Check all that apply.	
City		State	ZIP Code	☐ Contingent	
Who incu	rred the debt? Check	one.		Unliquidated	
Debtor	•			☐ Disputed	
Debtor	2 only 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
_	t one of the debtors and	i another		☐ Student loans	
☐ Check	if this claim is for a	community debt		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	im subject to offset?			Debts to pension or profit-sharing plans, and other similar debt	is
□ No	<b>,,,,,,,</b>			Other Specify COMCAST CABLE	-
☐ Yes					
	GROUP/DOMINIC	ON ENERGY		Last 4 digits of account number	s 2000.00
	Creditor's Name	VE D O BOY 9	00	When was the debt incurred?	
Number	131 TOWER PARK DRIVE P O BOX 900				
WATER	RLOO	IA	50704	As of the date you file, the claim is: Check all that apply.	
City		State	ZIP Code	☑ Contingent	
	rred the debt? Check	one.		☐ Unliquidated	
Debtor	•			Disputed	
	1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At leas	t one of the debtors and	another		☐ Student loans	
☐ Check	if this claim is for a	community debt		Obligations arising out of a separation agreement or divorce	
Is the clai	im subject to offset?			that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debt	te
₩ No				✓ Other. Specify UTILITY BILL	~ -
☐ Yes					

D	Case 19-330	79-KLP Carvill		Filed 06/10 Document	0/19 Entered 06/10/19 13:48:02 Des Page 33 of 64 Case number (# known)	c Main
Debtor 1		iddle Name	Last Name		Case number (# known)	
Part 2	2: List All of You	r NONPRIO	RITY Uns	ecured Claims		
	any creditors have n No. You have nothing Yes				court with your other schedules.	
non incl	priority unsecured da	im, list the cres than one cres	ditor separa ditor holds a	itely for each claim.	der of the creditor who holds each claim. If a creditor has a For each claim listed, identify what type of claim it is. Do not li t the other creditors in Part 3.If you have more than three non	st claims already priority unsecured
	OMINION ENERG	ΞΥ			Last 4 digits of account number	Total claim
	onpriority Creditor's Name O BOX 26543				When was the debt incurred?	·
	umber Street		VA	23290		
_	ity		State	ZIP Code	As of the date you file, the claim is: Check all that apply.	
10	Yho incurred the debt?	Chack one			☑ Contingent ☐ Unliquidated	
V	Debtor 1 only	OHOUR OHE.			Disputed	
	Debtor 2 only Debtor 1 and Debtor 2	only			Type of NONPRIORITY unsecured claim:	
_	At least one of the debi	•			☐ Student loans	
	Check if this claim is	s for a commu	nity debt		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
	the claim subject to o	offset?			Debts to pension or profit-sharing plans, and other similar debts	
	2) No 2) Yes				Other. Specify UTILITY BILL	
		And the second s		The state of the s		1000.00
	C SYSTEMS onpriority Creditor's Name				Last 4 digits of account number S When was the debt incurred?	,
	O BOX 64378					
	umber Street		MN	55164	As of the date you file, the claim is: Check all that apply.	
Ci		<del></del>	State	ZIP Code	<b>☑</b> Contingent	
W	Vho incurred the debt?	Check one.			Unliquidated	
_	Debtor 1 only				☐ Disputed	
_	☑ Debtor 2 only ☑ Debtor 1 and Debtor 2	only			Type of NONPRIORITY unsecured claim:	
	At least one of the deb	•			Student loans	
C	Check if this claim i	s for a commu	nity debt		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
ís	s the claim subject to c	offset?			Debts to pension or profit-sharing plans, and other similar debts	
	☐ No ☐ Yes				Other. Specify CELL PHONE	
$\neg$			······································			
	IRST PREMIER E	SANK			Last 4 digits of account number	s1000.00
_	820 LOUISE AVE	NUE			When was the debt incurred?	
	umber Street SIOUX FALLS		SD	57107		
	ity		State	ZIP Code	As of the date you file, the claim is: Check all that apply.	
W	Vho incurred the debt?	Check one.			☑ Contingent ☐ Unliquidated	
_	Debtor 1 only				Disputed	
	☑ Debtor 2 only ☑ Debtor 1 and Debtor 2	only			T (NONDOINE)	
_	At least one of the deb	•			Type of NONPRIORITY unsecured claim:	
Г	Check if this claim i	s for a commu	nity debt		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
	the claim subject to (				that you did not report as priority claims	
	<b>I</b> No				☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other Specify CREDIT CARD	
	] Yes					

tor 1 Kerrin	079-KLP Doc 1  Carville  Middle Name Last Name	Document Rose	9 Entered 06/10/19 13:48:02 Desc N Page 34 of 64 Case number (# known)	/lain
	ORITY Unsecured Cl		followed by 4.5, and so forth.	Total claim
NATIONAL CRED	NT SYSTEMS		Last 4 digits of account number	s4000.0
Nonpriority Creditor's Name P O BOX 31215			When was the debt incurred?	
Number Street ATLANTA	GA	31131	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt	State 7 Check one.	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2	2 only		Type of NONPRIORITY unsecured claim:	
At least one of the del	btors and another is for a community debt		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify COLLECTION/APARTMENTS</li> </ul>	
Is the claim subject to  Vi No  Yes	onset?		Other. Specify COLLECTION/AFARTIMENTS	
GLOBAL LENDIN	G SERVICES		Last 4 digits of account number	\$ <u>18000.0</u>
Nonpriority Creditor's Name P O BOX 10437			When was the debt incurred?	
Number Street GREENVILLE	SC	29603	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	☑ Contingent ☐ Unliquidated	
Who incurred the debt	? Check one.		Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2  At least one of the de	-		☐ Student loans	
	is for a community debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to	•		□ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify LOAN	
No Pes				s 300
NEW GENERATION	ONS CREDIT UNION		Last 4 digits of account number	<b>4</b>
1700 ROBINHOO	D WAY		When was the debt incurred?	
Number Street RICHMOND	VA	23220	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	☐ Contingent☐ Unliquidated	
Who incurred the debt	t? Check one.		Disputed	
Debtor 1 only				
Debtor 2 only	2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2  At least one of the de	•		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
Check if this claim	is for a community debt		you did not report as priority claims	
Is the claim subject to	-		Debts to pension or profit-sharing plans, and other similar debts  Other. Specify CREDIT LINE	
☐ Yes				

(	Case 19-33079-KLP	Doc 1	Filed 06/1		sc Mai	n
Debtor 1	Kerrin Ca	arville	Document Rose	Case number (# known)		<del></del>
art 2:	List All of Your NONPRIC	DRITY Uns	ecured Claims			
				u? e court with your other schedules.		
nonpi includ	nority unsecured claim, list the cr	editor sepan editor holds	ately for each clair.	order of the creditor who holds each claim. If a creditor has n. For each claim listed, identify what type of claim it is. Do not list the other creditors in Part 3.If you have more than three no	list claim	s already
Gairi					Total	
	namic Recovery Solutions	·		Last 4 digits of account number 9 2 7 6	\$	400.00
135	5 Interstate Boulevard	·		When was the debt incurred?		
	enville	sc	29615			
City		State	ZIP Code	As of the date you file, the claim is: Check all that apply.  Solution  Contingent		
	o incurred the debt? Check one.			Unliquidated		
_	Debtor 1 only Debtor 2 only			☐ Disputed		
	Debtor 1 and Debtor 2 only At least one of the debtors and anoth			Type of NONPRIORITY unsecured claim:		
_	At least one or the deolors and amount			☐ Student loans ☐ Obligations arising out of a separation agreement or divorce		
	he claim subject to offset?	unity dobt		that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	<b>.</b>	
				Other Specify Collection for Medical Bill		
	nfield Apartments/Louetta	Hamilton		Last 4 digits of account number	\$	5000.00
•	oriority Creditor's Name 200 Littlefield Road			When was the debt incurred?		
Num		VA	23836	As of the date you file, the claim is: Check all that apply.		
City	esiei	State	ZIP Code	☐ Contingent		
	o incurred the debt? Check one.			Unliquidated Disputed		
	Debtor 1 only Debtor 2 only			<b></b>		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:  Student loans		
	At least one of the debtors and anoth Check if this claim is for a comm			Obligations arising out of a separation agreement or divorce		
	check if this claim is for a collin he claim subject to offset?	iumity Gebt		that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	<b>.</b>	
	No			☐ Other. Specify Apartment Collection		
3				Last 4 digits of account number		
	priority Creditor's Name	***		When was the debt incurred?	<u> </u>	
Num	ber Street			- As of the date you file, the claim is: Check all that apply.		
City		State	ZIP Code	As of the date you nie, the claim is: Check an wat apply.		
_	o incurred the debt? Check one.  Debtor 1 only			☐ Un/iquidated		
	Debtor 2 only			Disputed		
	Debtor 1 and Debtor 2 only  At least one of the debtors and anoth	er		Type of NONPRIORITY unsecured claim:		
	Check if this claim is for a comm			Student loans     Obligations arising out of a separation agreement or divorce		
	he claim subject to offset?	<b>.</b>		that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
	No			Other. Specify	•	

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main

Debtor 1

Kerrin

Carville

Document Rose

Page 36 of 64

Case number (if known)

Part 3:

List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part 2 did you list the original creditor?

Name			On which entry in rate 1 or 1 are 2 ard you hat the original creditor:
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street		□ Part 2: Creditors with Nonpriority Unsecured Claims
			a Trait 2. Greators with Horipholity offsecured Glaims
			Last 4 digits of account number
City		State ZIP Code	•
Ony		State ZIP Code	
			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street		Part 2: Creditors with Nonpriority Unsecured
		·	Claims
			Last 4 digits of account number
City		State ZIP Code	Last + tights of account number
	Seat-Wolder (year)	many to the manufacturing on the second states of t	On which entry in Part 1 or Part 2 did you list the original creditor?
Name			On which entry in Part 1 of Part 2 did you list the original creditor?
			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street		□ Part 2: Creditors with Nonpriority Unsecured
			Claims
City			Last 4 digits of account number
City		State ZIP Code	
			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			
<del></del>			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street		Part 2: Creditors with Nonpriority Unsecured
		<u> </u>	Claims
			Last 4 digits of account number
City		State ZIP Code	
			On which entry in Part 1 or Part 2 did you list the original creditor?
Name		· <del>-</del>	<u> </u>
			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street		Part 2: Creditors with Nonpriority Unsecured
			Claims
City		State ZIP Code	Last 4 digits of account number
Market & Market of Street of Street of Street of Street	e <mark>namikana k</mark> itoro politika rami elektrolonina ami enerta erre a erem ma 1 a	and a property to the commentation and the decision was additionally applicable to the action of the commentation of the comme	An initial color in Book 4 or Book 2 did you like the colors and t
Name		· <u> </u>	On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street	<del></del>	Part 2: Creditors with Nonpriority Unsecured
, , _ , , ,	Ç. O. O. C.		Claims Claims
			dumo
01-			Last 4 digits of account number
City	and the second s	State ZIP Code	MONTH MICHAEL AND THE CONTRACTOR AND
			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			, , , , , , , , , , , , , , , , , , , ,
			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number	Street		☐ Part 2: Creditors with Nonpriority Unsecured
			Claims
City		State ZIP Code	Last 4 digits of account number

Case 19-33079-KLP Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Doc 1 Page 37 of 64

Debtor 1

Carville

Document

Last Name

Case number (if known)

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Fotal claims	6a. Domestic support obligations	6a. <sub>\$</sub>
from Part 1	6b. Taxes and certain other debts you owe the government	6b. <b>\$</b>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <sub>\$</sub>
	6e. <b>Total.</b> Add lines 6a through 6d.	6e. \$
		Total claim
Total claims	6f. Student loans	6f. <b>\$</b> _
rom Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$</u>
	at the same of the	
	<ol> <li>Other. Add all other nonpriority unsecured claims.</li> <li>Write that amount here.</li> </ol>	6i. <b>+</b> §

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 38 of 64

Fill	in this in	formation to	identify your c	ase:				
Deb	otor	Kerrin	Carvil	le	Rose			
	otor 2	First Name	Mid	die Name	Last Name			
(Spc	use If filing)			Se Name	Last Name			
Unit	ted States	Bankruptcy Cou	rt for the: Easten	n District of Vir	ginia			
	e number nown)				<del></del>			☐ Check if this is an
								amended filing
Off	icial F	Form 10	6G					
	,			m Cor	tracte an	d Unexpired	Lossos	12/15
Be a infor addit	s comple mation. I tional par Do you h	ete and accurate more space ges, write you have any executed this box	ate as possible is needed, cour name and castutory contract and file this fon	e. If two marrk py the additionse number (in the country of the co	ed people are filing nat page, fill it out, i known). d leases? rt with your other sch	together, both are equal number the entries, and edules. You have nothing are listed on Schedule A/E	lly responsible for supp attach it to this page. C	lying correct on the top of any
		, rent, vehicle				ntract or lease. Then statem in the instruction book		
	Person o	or company w	ith whom you	have the con	tract or lease	State what the	e contract or lease is fo	r
2.1								
	Name				••	_		
	Number	Street				<u> </u>		
						<u> </u>		
	City		State	ZIP Code		***		
2.2	Name					_		
		044				<u> </u>		
	Number	Street						
2.3	City		State	ZIP Code	100 × 1	•		the control when we went come at edited the
2.0	Name							
	Nimber	Chroat				_		
	Number	Street						
	City		State	ZIP Code			•	
2.4	Name	<u> </u>				_		
	Number	Street						
	City		State	ZIP Code		- / / //		,
2.5								
	Name							
	Number	Street	<del></del>		1.5	_		
	City		State	ZIP Code		<del></del>		

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 39 of 64

Debtor 1	_	Errin irst Name	Carville  Middle Name Last Nam	Rose	Case number (# known)
			age if You Have Mor		
Pe	rson o	r company w	rith whom you have the	contract or lease	What the contract or lease is for
2 <b>2</b> 					
Na	ime				
Nu	ımber	Street			<del></del>
Cit	ty		State ZIP Cod	le	<del></del>
2					e se en en
_	ame				
No	ımber	Street			
Cit	<u> </u>		Chaha ZID Cad		
	ty 		State ZIP Cod		A TEMPORAL AND
2 					
Ne	ame				
Nu	ımber	Street			
Cit	ty		State ZIP Cod	le	TO SECOND
2. <u> </u>				•	
	ame				
Nu	ımber	Street			<del></del>
Cir			State ZIP Cod		
		· / · · · · · ·	State ZIP Cou		a, A.S. Sa, and S. Sa,
2 					
Na	ame				
Nu	ımber	Street			
Cir	ty		State ZIP Cod	le	
2		# · · ·	•		
Na	ame				<del></del>
N	ımber	Street			<del></del>
Cit	fv		State ZIP Cod	ie .	
					and the second s
2 Na	ame				<u></u>
NL	ımber	Street			
Cit	ty		State ZIP Cod	le	<del></del>
2					, , , san, , , , , , , , , , , , , , , , , , ,
Na	ame				<del></del>
Nu	ımber	Street			<u> </u>
Cit	tv		State ZIP Cod	le	

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 40 of 64

Fill in	this	informati	an to ide	ntify your cas	se:					
Debto	r 1	Kerrin		Carville		Rose				
Debto	- 2	First Name	,	Middle	Name	Last Name				
		g) First Name	,	Middle	Name	Last Name				
United	States	s Bankrupt	y Court fo	the: Eastern (	District of Virg	inia				
Case i	numbe wn)		-						☐ Check if t amended	
Offic	اماد	Eorm	106F	1					<del></del>	
				<u>''</u> our Coc	debtor	S				12/15
are filin and nu	ng tog imber	ether, be the entr	oth are ed es in the	qually respon	sible for sup e left. Attach	oplying correc	t information.	If more spac	te and accurate as possible. If two marrie e is needed, copy the Additional Page, fil top of any Additional Pages, write your i	l it out,
	you l	have any	codebto	rs? (If you are	e filing a joint	case, do not lis	t either spouse	e as a codebto	or.)	
	Yes									
									nity property states and territories include	
				Louisiana, Ne	vada, New M	lexico, Puerto F	Rico, Texas, W	ashington, an	d Wisconsin.)	
		Go to line		former energe	o or legal eg	ivalent live wit	a vou at the tim	na?		
_			spouse,	ionnei spouse	e, or legal equ	nvaicir live will	i you at use uit	ic :		
			ich com	nunity state or	r territory did	vou live?		. Fill in the	name and current address of that person.	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	y Diato o.	tormory ara	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		Name of vo	ur spouse fo	rmer spouse, or le	egal equivalent					
			ar opened, re	inici opouco, or re	-gui oquiraiui					
		Number	Street					_		
					2			_		
		City			State		ZIP Code			
si Se	nown chedu	in line 2 #e D (Off	again as icial Fort	a codebtor o	nly if that pe edule E/F (O	rson is a guar	antor or cosig	ner. Make su	ouse is filing with you. List the person re you have listed the creditor on ial Form 106G). Use Schedule D,	
(	Colum	n 1: You	codebto	r				Col	umn 2: The creditor to whom you owe the	e debt
								Ch	eck all schedules that apply:	
3.1			_						Schedule D, line	
	Name								Schedule E/F, line	
	Numbe	r St	- Get			<del></del>			Schedule G, line	
	City				State		ZIP Code	<del> </del>		
3.2	J.,				Ollar		27 000			
	Name	•	-					•	Schedule D, line	
			-							
	Numbe	r St	<b>Set</b>					Ų	Schedule G, line	
	City				State		ZIP Code	<del></del>		
3.3									Schodulo D. lico	
	Name							_	Schedule D, line Schedule E/F, line	
	Numbe	r St							Schedule G, line	
	City				State		7ID Code			
							11D (.040			

Case 19-33079-KLP Entered 06/10/19 13:48:02 Desc Main Doc 1 Filed 06/10/19

Case number (if ki

Document Page 41 of 64

Carville

Rose

Kerrin

Debtor 1

**Additional Page to List More Codebtors** Column 1: Your codebtor Column 2: The creditor to whom you owe the debt Check all schedules that apply: 3.\_ ☐ Schedule D, line \_\_ Name Schedule E/F, line \_\_\_\_ ☐ Schedule G, line \_\_\_ Number City ZIP Code 3.\_ ☐ Schedule D, line \_\_\_ Name ☐ Schedule E/F, line \_\_\_\_\_ ☐ Schedule G, line \_\_\_ Number City ZIP Code Schedule D, line \_ Name Schedule E/F, line \_\_\_\_ ☐ Schedule G, line \_\_\_\_ Number City ZIP Code □ Schedule D, line \_\_\_\_ Name ☐ Schedule E/F, line \_\_\_\_ ☐ Schedule G, line \_\_\_\_\_ Number Street City State ZIP Code ☐ Schedule D, line \_\_\_\_ Name ☐ Schedule E/F, line \_\_\_\_ ☐ Schedule G, line \_\_\_\_\_ Number Street ZIP Code City Schedule D, line \_\_\_\_ Name ☐ Schedule E/F, line \_\_\_ ☐ Schedule G, line \_\_\_\_\_ Number Street City ZIP Code ☐ Schedule D, line \_ Name ☐ Schedule E/F, line \_\_\_ ☐ Schedule G, line \_\_\_\_ Number City State ZIP Code 3.\_\_ ☐ Schedule D, line \_\_\_\_ Name Schedule E/F, line \_\_\_\_ Schedule G, line \_\_\_\_ Number ZIP Code City State

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 42 of 64

Fill in this in	formation to identify	your case:					
Debtor 1	Kerrin (	Carville F	Rose				
Debtor 2	First Name	Middle Name	Last Name				
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States I	Bankruptcy Court for the: 8	Eastern District of Virginia					
Case number (If known)					Check if t		
						ended filing plement showing postpetition ch	anter 12
						e as of the following date:	apter 13
Official Fo	rm 106I				MM / [	DD / YYYY	
Sched	luie i: You	ır Income					12/15
supplying cor if you are sep separate shee	rect information. If your spou	ou are married and not filings is not filing with you, do top of any additional page	ig jointly, and you o not include info	r spouse is mation ab	living with your spo	or 2), both are equally responsible you, include information about youse. If more space is needed, atta (nown). Answer every question.	ur spouse.
Fili in your information	r employment		Debtor 1			Debtor 2 or non-filing spouse	9
	more than one job,				<del></del>		
	parate page with about additional	Employment status	<ul><li>✓ Employed</li><li>☐ Not employed</li></ul>	d		☐ Employed ☐ Not employed	
Include par self-emplo	rt-time, seasonal, or ved work.		0 -10	•			
Occupation	n may include student aker, if it applies.	Occupation	Customer Sen	vice	-		
		Employer's name					
		Employer's address					
			Number Street		_	Number Street	
			City	State ZIP	Code	City State ZIP	Code
		How long employed there	e? Two Week	s		Two Weeks	
Part 2:	Give Details About	: Monthly Income					
Estimate :	<u> </u>	the date you file this form	. If you have nothin	g to report f	or any line, w	rite \$0 in the space. Include your no	n-filing
If you or yo	our non-filing spouse ha	· ave more than one employer ttach a separate sheet to thi		mation for a	II empioyers (	or that person on the lines	
				Fo	r Debtor 1	For Debtor 2 or non-filing spouse	
List month     deduction	thly gross wages, sales). If not paid monthly,	ary, and commissions (bef calculate what the monthly	ore all payroll wage would be.	2. \$	1455.00	\$	
3. Estimate	and list monthly over	rtime pay.		3. +\$	<u> </u>	+ \$	
4. Calculate	gross income. Add ii	ne 2 + line 3.		4. \$	1455.00	\$	

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 43 of 64

Debtor 1	Kerrin First Name	Carville Middle Name Last Nai	Rose		Cas	se number (if lox	2W11)					
	Last Learlie	widde rame Last real	ne		Eor	Debtor 1		Ear Dahtar 2 ar				
						Deptor 1		For Debtor 2 or non-filing spouse	<u>}_</u>			
Сору	line 4 here			4.	\$	1455.00		\$	_			
5. <b>List a</b>	ıll payroll deduc	tions:										
5a.	Tax, Mediçare, a	ınd Social Security dedu	ctions	5a.	\$			\$	_			
5b.	Mandatory cont	ributions for retirement p	olans	5b.	\$			\$	_			
5c.	Voluntary contri	ibutions for retirement pl	ans	5c.	\$			\$	_			
<b>5d</b> .	Required repays	ments of retirement fund	loans	5d.	\$			\$	_			
5 <b>e</b> .	Insurance			5 <b>e</b> .	\$			\$	_			
<b>5f</b> .	Domestic suppo	ort obligations		5f.	\$			\$	_			
5g.	Union dues			5g.	\$			\$	_			
5h.	Other deduction	ns. Specify:	<u> </u>	5h.	+\$		4	۲ <u>\$</u>				
6. <b>Ad</b>	i the payroll ded	uctions. Add lines 5a + 5t	) + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$			\$	_			
7. Cal	culate total mon	thly take-home pay. Subt	ract line 6 from line 4.	7.	\$			\$				
8. List	all other income	regularly received:										
8a.	Net income from profession, or fa	n rental property and from	m operating a business,									
		nt for each property and bi and necessary business one.		8a.	\$			\$	_			
8b.	Interest and div	idends		8b.	\$			\$	_			
8c.	Family support regularly receiv		n-filing spouse, or a depende	ent								
		spousal support, child sup property settlement.	port, maintenance, divorce	8c.	\$	514.00		\$	_			
	Unemployment	compensation		8d.	\$			\$				
8e.	Social Security			8e.	\$			\$	_			
8f.	Include cash ass that you receive,	•	nown) of any non-cash assistar efits under the Supplemental									
	Specify:			8f.	\$			\$	_			
8g.	Pension or retir	ement income		8g.	\$			\$	_			
8h.	Other monthly i	ncome. Specify:		8h.	+\$		_	+\$				
9. <b>Ad</b>	d all other incom	e. Add lines 8a + 8b + 8c -	+ 8d + 8e + 8f +8g + 8h.	9.	\$	514.00		\$		_		
	•	come. Add line 7 + line 9. 10 for Debtor 1 and Debto	or 2 or non-filing spouse.	10.	\$	1969.00	+	\$	_	=  \$_		
Inclu			penses that you list in Schen, members of your household,			ents, your roo	mma	ates, and other			_	
_			lines 2-10 or amounts that are	not a	vailable	to pay expe	nses 		J. 11. 1	Ь \$ <sub>.</sub>		
			to the amount in line 11. The	resul	t is the	combined mo	onthi	y income.		Г		
			ets and Liabilities and Certain S						12.	\$_ ^		1968.00
13. <b>Do</b>	you expect an ir	ncrease or decrease with	in the year after you file this	formî	?						ombine onthly	ed income
	No		ment and I am looking to fin			time work a	is so	oon as possible.				

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 44 of 64

Fill in this informat	on to atlentify s	our case:					
Debtor 1 Kerrin		rville	Rose				
First Name		Middle Name	Last Name	- Ch	eck if this is:		
Debtor 2 (Spouse, if filing) First Name	,	Middle Name	Last Name		An amended fi	_	
United States Bankrupt	cy Court for the: E	astem District o	f Virginia		expenses as o		petition chapter 13 date:
Case number					MM / DD / YYYY		
(in county			<u></u> .				
Official Form	106J						
Schedule	J: You	ır Expe	enses	150			12/15
	space is neede			ing together, both are e n. On the top of any add			
Part 1: Descri	be Your Hou	sehold	·				
1. Is this a joint case	?						
☑ No. Go to line. ☐ Yes. Does Deb		eparate househ	old?				
□ No							
		Official Form 10	36J-2, Expenses for S	Separate Household of D	edtor 2.		·
2. Do you have depe  Do not list Debtor 1			t this information for	Dependent's relationsh Debtor 1 or Debtor 2	ip to	Dependent's age	Does dependent live with you?
Debtor 2.  Do not state the de	pendents'	each depe	ndent	Daughter		15	☐ No ☑ Yes
names.							O⊒ No
					<del></del> -		Yes
							□ No
					<del></del>		☐ Yes
						<del></del>	U No □ Yes
							□ No
							Yes
3. Do your expenses		⊠Í No					
expenses of peop yourself and your		Yes					
	•						
		ng Monthly E			<del></del>		
•	-		-	are using this form as a sental Schedule J, chec			
include expenses pa	id for with non	-cash governm	ent assistance if vo	u know the value of			
such assistance and	have included	it on Schedule	i: Your Income (Offi	icial Form 106l.)		Your expe	nses
The rental or hon any rent for the grant for the gran	-	xpenses for yo	ur residence. Include	e first mortgage payment	s and 4.	\$	1200.00
If not included in	line 4:						
4a. Real estate t	axes				<b>4</b> a.	\$	
4b. Property, hor	meowner's, or re	enter's insurance	•		4b.	\$	
4c. Home mainte	enance, repair, a	and upkeep expe	enses		<b>4</b> c.	\$	
4d. Homeowner'	s association or	condominium de	ues		<b>4d</b> .	\$	<u>.</u>

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 45 of 64

Debtor 1 Kerrin Carville Rose Case number (# known)

			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$
6.	Utilities:		
0.	6a. Electricity, heat, natural gas	6a.	s125.00
	6b. Water, sewer, garbage collection	6b.	\$ 50.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$ 200.00
	6d. Other Specify:	6d.	\$
7.	Food and housekeeping supplies	7.	\$450.00
8.	Childcare and children's education costs	8.	\$
9.	Clothing, laundry, and dry cleaning	9.	\$50.00
10.	Personal care products and services	10.	\$50.00
11.	Medical and dental expenses	11.	\$
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.	12.	\$100.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$
14.	Charitable contributions and religious donations	14.	\$
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$
	15b. Health insurance	15b.	\$
	15c. Vehicle insurance	15c.	\$ <u>120.00</u>
	15d. Other insurance. Specify:	15 <b>d</b> .	\$
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:	16.	\$
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	\$440.00
	17b. Car payments for Vehicle 2	17b.	\$
	17c. Other. Specify:	17c.	\$
	17d. Other, Specify:	17d.	\$
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$
19.	Other payments you make to support others who do not live with you.		
	Specify:	19.	\$
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	ie.	
	20a. Mortgages on other property	20a.	\$
	20b. Real estate taxes	20b.	\$
	20c. Property, homeowner's, or renter's insurance	20c.	\$
	20d. Maintenance, repair, and upkeep expenses	20d.	\$
	20e. Homeowner's association or condominium dues	20e.	\$

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 46 of 64

Debtor	1 Kerrin First Name	Carville Middle Name	Rose Last Name	Case number (# kno	wπ)		
21. <b>Ot</b>	her. Specify:			<del></del>	21.	+\$	<del> </del>
22. Ca	iculate your mor	nthly expenses.				ı	! - }
22	a. Add lines 4 thro	ough 21.			22a.	\$	2785.00
22	b. Copy line 22 (m	nonthly expenses for E	ebtor 2), if any, from Official For	m 106J-2	<b>22b</b> .	\$	<u> </u>
22	c. Add line 22a an	nd 22b. The result is yo	our monthly expenses.		<b>22c</b> .	\$	
23. <b>Cal</b> e	culate your mont	thly net income.				•	1969.00
23a.	Copy line 12 (y	our combined monthly	rincome) from Schedule I.		23a.	\$	1000.00
23b.	Copy your mor	nthly expenses from lin	e 22c above.		23b.	\$	2785.00
23c.	•	monthly expenses from our <i>monthly net incom</i> e	your monthly income. e.		23c.	\$	-816.00
For	example, do you	expect to finish paying	n your expenses within the year for your car loan within the year because of a modification to the	or do you expect your			
<b>5</b>	• • • •						:

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 47 of 64

				_	
ill in this in	formation to id	lentify your case:			
ebtor 1	Kerrin First Name	Carville Middle Name	Rose	_	
ebtor 2	F#St Name	MIQUIE Name	Last Name		
pouse, if filing)	First Name	Middle Name	Last Name	_	
nited States	Bankruptcy Court	for the: Eastern District of	Virginia		
ase number iknown)					
,					☐ Check if this is
					amended filing
Officia	Form 10	16Dec			
Onicia	i i Oiiii i	<del>DODEC</del>			
Decl	aration	n About an	Individual [	<b>Debtor's Schedules</b>	12/15
f two man	ried people are	filing together, both an	e equally responsible for su	pplying correct information.	
Vall milet	file this form w	honovor vou filo banke	inter cahadulas as amandai	l schedules. Making a false statement, cond	anding property or
Did you ☑ No	Sign Below u pay or agree	to pay someone who is	NOT an attorney to help yo	u fill out bankruptcy forms?	
	. Name of perso	n		Attach Ranksuntov Datition Propagate Notice Dec	laration and
<b>—</b> 1€3	. Name of perso	"I <u>.</u>		_ Attach Bankruptcy Petition Preparer's Notice, Dec Signature (Official Form 119).	iaration, and
Under	penalty of perio	ury, i declare that i have	e read the summary and sch	edules filed with this declaration and	
	by are true and	• •	, road are summing une son	easies inca with this acciding of the	
<b>x</b>	ollru	Roll	×		
9		- <del>-</del> -	Signature of Debto	72	
	10/21	9	ъ.		
/ المحادث		<u>-1</u>	Date		

## Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 48 of 64

Debtor 1	Kerrin	Carville	Rose		
	First Name	Middle Name	Last Name		
ebtor 2 oouse, if filin	ng) First Name	Middle Name	Last Name		
ited State	s Bankruptcy Cour	t for the: Eastern District of \	/irginia		
se numbe	er				☐ Check if this is an
KNOWN)					amended filing
	F 40	-			
	Form 10	<del></del>			
ater	nent of F	inancial Affai	rs for Indiv	iduals Filing for Ba	<b>nkruptcy</b> 04/
				together, both are equally respons	
	•	· is needed, attach a separ · every question.	ate sheet to this for	m. On the top of any additional page	es, write your name and case
	·	• •			
irt 1:	Give Details	About Your Marital Sta	tus and Where Y	ou Lived Before	
<del></del>					
What is	your current m	earital status?			
☐ Mar					
<b>☑</b> Not	married				
Durina	the last 2 vesses	have you lived enjoybens	ather then where w	ou live new?	
_	the last 3 years	, have you lived anywhere	other than where y	ou live now?	
□ No	_	•	_		
☐ No☐ Yes	s. List all of the p	, have you lived anywhere laces you lived in the last 3	years. Do not include	e where you live now.	
☐ No☐ Yes	_	•	_		Dates Debtor 2 lived there
☐ No☐ Yes	s. List all of the p	•	years. Do not include  Dates Debtor 1	e where you live now.  Debtor 2:	lived there
☐ No☐ Yes	s. List all of the p	•	years. Do not include  Dates Debtor 1	e where you live now.	
No Yes	s. List all of the p	•	years. Do not include  Dates Debtor 1	e where you live now.  Debtor 2:  Same as Debtor 1	lived there
☐ No☐ Yes	s. List all of the p	•	years. Do not include  Dates Debtor 1  lived there	e where you live now.  Debtor 2:	lived there  Same as Debtor
☐ No☐ Yes	s. List all of the p	•	years. Do not include  Dates Debtor 1 lived there  From	e where you live now.  Debtor 2:  Same as Debtor 1	Ilved there  Same as Debtor  From
No Do	s. List all of the p  ebtor 1:	laces you lived in the last 3	years. Do not include  Dates Debtor 1 lived there  From	Debtor 2:  Same as Debtor 1  Number Street	Same as Debtor From To
No Do	s. List all of the p	•	years. Do not include  Dates Debtor 1 lived there  From	Debtor 2:  Same as Debtor 1  Number Street	Ilved there  Same as Debtor  From
No Pes	s. List all of the p  ebtor 1:	laces you lived in the last 3	years. Do not include  Dates Debtor 1 lived there  From	Debtor 2:  Same as Debtor 1  Number Street	Same as Debtor From To ZIP Code
No Pes	s. List all of the p  ebtor 1:  lumber Street	laces you lived in the last 3	years. Do not include  Dates Debtor 1 lived there  From	Debtor 2:  Same as Debtor 1  Number Street  City State	Same as Debtor From To ZIP Code
No Pes	s. List all of the p  ebtor 1:	laces you lived in the last 3	years. Do not include  Dates Debtor 1 lived there  From To	Debtor 2:  Same as Debtor 1  Number Street  City State	Ilved there  Same as Debtor  From To  ZIP Code  Same as Debtor
No Pes	s. List all of the p  ebtor 1:  lumber Street	laces you lived in the last 3	years. Do not include  Dates Debtor 1 lived there  From To  From	Debtor 2:  Same as Debtor 1  Number Street  City State	Ilved there  Same as Debtor  From To  ZIP Code  Same as Debtor  From From
No Pes	s. List all of the p  ebtor 1:  lumber Street	laces you lived in the last 3	years. Do not include  Dates Debtor 1 lived there  From To  From	Debtor 2:  Same as Debtor 1  Number Street  City State	Ilved there  Same as Debtor  From To  ZIP Code  Same as Debtor  From From
No Pes	s. List all of the p  ebtor 1:  lumber Street	laces you lived in the last 3	years. Do not include  Dates Debtor 1 lived there  From To  From	Debtor 2:  Same as Debtor 1  Number Street  City State	Ilved there  Same as Debtor  From To  ZIP Code  Same as Debtor  From From
No Pes	s. List all of the p  ebtor 1:  lumber Street  lumber Street	State ZIP Code	years. Do not include  Dates Debtor 1 lived there  From To  From To	Pettor 2:  Same as Debtor 1  Number Street  City State  Number Street  City State	ZIP Code    Ilved there     Same as Debtor     To
No Pres	s. List all of the pebtor 1:  lumber Street  City  the last 8 years	State ZIP Code	years. Do not include  Dates Debtor 1 lived there  From To  From To  pouse or legal equi	Pettor 2:  Same as Debtor 1  Number Street  City State  Number Street  City State  City State	ZIP Code  ZIP Code
No Pes	s. List all of the pebtor 1:  lumber Street  City  the last 8 years	State ZIP Code	years. Do not include  Dates Debtor 1 lived there  From To  From To  pouse or legal equi	Pettor 2:  Same as Debtor 1  Number Street  City State  Number Street  City State	ZIP Code  ZIP Code
No No Yes Do	List all of the pebtor 1:  lumber Street  Lity  Lity  the last 8 years and territories income	State ZIP Code  State ZIP Code  State ZIP Code  Adid you ever live with a selude Arizona, California, Ida	years. Do not include  Dates Debtor 1 lived there  From To From To pouse or legal equitation, Louisiana, Nevae	Same as Debtor 1  Number Street  City State  Number Street  City State  City State  Number Street  Number Street	ZIP Code  ZIP Code
Within states a	List all of the pebtor 1:  lumber Street  Lity  Lity  the last 8 years and territories income	State ZIP Code	years. Do not include  Dates Debtor 1 lived there  From To From To pouse or legal equitation, Louisiana, Nevae	Same as Debtor 1  Number Street  City State  Number Street  City State  City State  Number Street  Number Street	ZIP Code  ZIP Code

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 49 of 64

Did you have any income from employment or from operating a business during this year or the two previous calendar years?  Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1.  No Yes. Fill in the details.  Sources of income Check all that apply.  Sources of income Check all that apply.  Wages, commissions, borneas, tips Operating a business  For last calendar year:  (January 1 to December 31, 2017)  Did you receive any other income during this year or the two previous calendar years?  Include income regardless of whether that income is taxable. Examples of other income are alimony, child support. Social Security, unemployment, and other public benefit payments, pensions, rental income; increst, dividends; money collected from levesuits; royalties, and gambling and lottery winnings. If you are filling a joint case and you have income that you received together, list it only once under Debtor 1.  List each source and the gross income from each source separately. Do not include income that you listed in line 4.  If No Yes. Fill in the details.	ebtor 1	Kerrin Ca	arville	Rose	Case nu	mber (if known)	
Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  Yes, Fill in the details.  Sources of income Chock all that apply. Gross Income Chock all that apply. From January 1 of current year until the date you filled for bankruptcy:  For last calendar year: (January 1 to December 31, 2017  Operating a business  Operating		Pirst Iname wildure Name	CHST	ua jine			
Sources of Income Check all that apply.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year: (January 1 to December 31,2018	Fill in	n the total amount of income u are filing a joint case and No	e you received	l from all jobs and all busi	nesses, including part-tir	ne activities.	ndar years?
Check all that apply. (before deductions and exclusions)  From January 1 of current year until the date you filled for bankruptcy:    Wages, commissions, bonuses, tips   Operating a business   Operating a b	<b>U</b> 1	Yes. Fill in the details.					
Check all that apply. (before deductions and exclusions)  From January 1 of current year until the date you filled for bankruptcy:    Wages, commissions, bonuses, tips   Operating a business   Operating a b				e de la companya de l	and the second second	Medical Science	Takan
For last calendar year:  (January 1 to December 31,2018					(before deductions and		(before deductions a
Operating a business					s		S
Sources of income and the gross income from each source separately. Do not include income that you listed in line 4.    Sources of income below.   Sources of income below.   Sources of income below.   Sources of income from each source (before deductions and exclusions)		the date you filed for bank	kruptcy:		<u> </u>		<u> </u>
Cyperating a business   Cyperating a business   Cyperating a business		For last calendar year:					
Comparison of the color of the calendar year of the calendar years   Comparison of the calendar year   Comparison of the calendar years   Comparison of th		(January 1 to December 31	1, <u>2018</u> )		2		\$
Canuary 1 to December 31, 2017   Operating a business   Canuary 1 to December 31, 2017   Operating a business   Canuary 1 to December 31, 2017   Operating a business   Canuary 1 to December 31, 2018   Operating a business   Canuary 1 to December 31, 2017   Operating a business   Canuary 1 to December 31, 2017   Operating a business   Canuary 1 to December 31, 2017   Operating a business   Canuary 1 to December 31, 2017   Operating a business   Canuary 1 to December 31, 2017   Operating a business   Canuary 1 to December 31, 2017   Operating a business   Canuary 1 to December 31, 2017   Operating a business   Canuary 1 to December 31, 2017   Operating a business   Canuary 1 to December 31, 2017   Operating a business   Canuary 1 to December 31, 2017   Operating a business   Canuary 1 to December 31, 2017   Operating a business   Canuary 1 to December 31, 2017   Operating a business   Canuary 1 to December 31, 2017   Operating a business   Canuary 1 to December 31, 2017   Operating a business   Canuary 1 to December 31, 2017   Operating a business   Canuary 1 to December 31, 2017   Operating a business   Canuary 1 to December 31, 2017   Operating a business   Canuary 1 to December 31, 2017   Operating a business   Operati		For the calendar year before	ore that:				
Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.  List each source and the gross income from each source separately. Do not include income that you listed in line 4.  No Pes. Fill in the details.  Sources of income Describe below.  Gross income from each source (before deductions and exclusions)  From January 1 of current year until the date you filled for bankruptcy:  \$ \$ \$  For last calendar year:  (January 1 to December 31, 2018)  For the calendar year before that:  (January 1 to December 31, 2017)  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		-			\$	_	\$
Sources of income Describe below.    Sources of income Describe below.   Gross income from each source (before deductions and exclusions)	<b>4</b>	No	income from e	ach source separately. De	o not include income tha	t you listed in line 4.	
Pescribe below.  Describe below.  Substitutions and exclusions and exclusions and exclusions.  Substitution of current year until the date you filed for bankruptcy:  Substitution of current year until the date you filed for bankruptcy:  Substitution of current year until the date you filed for bankruptcy:  Substitution of current year until the date you filed for bankruptcy:  Substitution of current year until the date you filed for bankruptcy:  Substitution of current year until the date you filed for bankruptcy:  Substitution of current year until the date you filed for bankruptcy:  Substitution of current year until the date you filed for bankruptcy:  Substitution of current year until the date you filed for bankruptcy:  Substitution of current year until the date you filed for bankruptcy:  Substitution of current year until the date you filed for bankruptcy:  Substitution of current year until the date you filed for bankruptcy:  Substitution of current year until the date you filed for bankruptcy:  Substitution of current year until the date you filed for bankruptcy:  Substitution of current year until the date you filed for bankruptcy:  Substitution of current year until the date you filed for bankruptcy:  Substitution of current year until the date you filed for bankruptcy:  Substitution of current year until the date you filed for bankruptcy:  Substitution of current year until the date you filed for bankruptcy:  Substitution of current year until the date you filed for bankruptcy:  Substitution of current year until the date you filed for bankruptcy:  Substitution of current year until the date you filed for bankruptcy:  Substitution of current year until the date you filed for bankruptcy:  Substitution of current year until the date you filed for bankruptcy:  Substitution of current year until the date year until the date you filed for bankruptcy:  Substitution of current year until the date year until	_	res. Fill III die details.					
the date you filed for bankruptcy:  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$					each source		
S   S   S   S   S   S   S   S   S   S					exclusions)		each source (before deductions a
Sanuary 1 to December 31, 2018   Sanuary 1 to December 31, 2018   Sanuary 1 to December 31, 2017					exclusions)  \$		each source (before deductions a
Sanuary 1 to December 31, 2018   Sanuary 1 to December 31, 2018   Sanuary 1 to December 31, 2017					\$		each source (before deductions a
For the calendar year before that:  (January 1 to December 31, 2017)  \$					\$		each source (before deductions a
S		the date you filed for ban			\$		each source (before deductions a
(January 1 to December 31, 2017) \$ \$		the date you filed for ban	nkruptcy:		\$ \$ \$		(before deductions a
(January 1 to December 31, 2017) \$		the date you filed for ban	nkruptcy:		\$ \$ \$		each source (before deductions a
YYYY		For last calendar year: (January 1 to December 3	1, <u>2018</u> )		\$ \$ \$		each source (before deductions a

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 50 of 64

	Kerrin	Carville		ose	Case	number (if known)	
	First Name	Middle Name	Last Name				
Part 3:	List Certai	n Payments You	Made Before	You Filed	for Bankruptcy		
6. Are eit	her Debtor 1's	s or Debtor 2's debt	s primarily co	nsumer debt	s?		
☐ No						re defined in 11 U.S.C. § 101	1(8) as
	•	an individual primari	•	•			
	During the 9	0 days before you file	ed for bankrupt	cy, did you pa	ay any creditor a total of	7 \$6,825* or more?	
	No. Go t	o line 7.					
	tota	al amount you paid th	at creditor. Do	not include pa		or more payments and the upport obligations, such as this bankruptcy case.	
	* Subject to	adjustment on 4/01/2	22 and every 3	years after th	at for cases filed on or a	after the date of adjustment.	
□ Ye	s Debtor 1 or	Debtor 2 or both ha	ave nrimarily (	onsumer de	hts.		
					ay any creditor a total of	f \$600 or more?	
	☑ No. Go t	to line 7	·		-		
					\$600 or more and the to ort obligations, such as	otal amount you paid that	
					ey for this bankruptcy ca		
							444 . 48 1 4 5
				Dates of payment	Total amount paid	Amount you stifl owe	Was this payment for
					_	_	_
	Creditor's	s Name			\$	\$	☐ Mortgage
							☐ Car
							_
	Number	Street	<del></del>				Credit card
	Number	Street					Loan repayment
	Number	Street					☐ Loan repayment☐ Suppliers or vendors
	Number	Street	ZIP Code				_
			ZIP Code				☐ Loan repayment☐ Suppliers or vendors
	City	State	ZIP Code		\$	<u>\$</u>	☐ Loan repayment☐ Suppliers or vendors
		State	ZIP Code		\$	\$	Loan repayment Suppliers or vendors Other
	City  Creditor's	State S Name	ZIP Code		\$	\$	Loan repayment Suppliers or vendors Other Mortgage
	City	State S Name	ZIP Code		\$	\$	Loan repayment Suppliers or vendors Other Mortgage Car
	City  Creditor's	State S Name	ZIP Code		\$	\$	Loan repayment Suppliers or vendors Other Mortgage Car Credit card
	City Creditor's Number	State s Name			\$	\$	Loan repayment Suppliers or vendors Other Mortgage Car Credit card Loan repayment
	City  Creditor's	State S Name	ZIP Code		\$	\$	Loan repayment Suppliers or vendors Other Mortgage Car Credit card Loan repayment Suppliers or vendors
	City Creditor's Number	State s Name			\$	\$	Loan repayment Suppliers or vendors Other Mortgage Car Credit card Loan repayment Suppliers or vendors
	Creditor's Number City	State s Name Street			\$\$	\$\$ \$	Loan repayment Suppliers or vendors Other Mortgage Car Credit card Loan repayment Suppliers or vendors Other Mortgage
	City Creditor's Number	State s Name Street					Loan repayment Suppliers or vendors Other  Mortgage Car Credit card Loan repayment Suppliers or vendors Other  Mortgage
	Creditor's Number City	State  Street  Street					Loan repayment Suppliers or vendors Other Mortgage Car Credit card Loan repayment Suppliers or vendors Other Mortgage
	Creditor's  Number  City	State  Street  Street					Loan repayment Suppliers or vendors Other  Mortgage Car Credit card Loan repayment Suppliers or vendors Other  Mortgage
	Creditor's  Number  City	State  Street  Street					Loan repayment Suppliers or vendors Other Mortgage Car Credit card Loan repayment Suppliers or vendors Other Mortgage Car Credit card Credit card

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 51 of 64

tor 1	Kerrin First Name	Carville Middle Name Last Na	Rose	_	Case number (d known)	
Insid corp ager	ders include you orations of whic nt, including one n as child suppo	th you are an officer, directe for a business you operate	tners; relatives of any or, person in control, o	general partners; p r owner of 20% or	partnerships of whic more of their voting	who was an insider?  In you are a general partner;  securities; and any managing  r domestic support obligations,
		ments to an insider.				
			Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	Insider's Name			\$	. \$	
	Number Street					
	Cit.	State ZiP Co				
	City	State ZiP Co	ooe	\$	\$	
	Insider's Name					
	Number Street					
an in Inclu	<b>nsider?</b> ude payments of No	e you filed for bankruptcy  n debts guaranteed or cosignments that benefited an ins	gned by an insider.	payments or trans	ifer any property o	n account of a debt that benefite
	, •		Dates of payment	Total amount paid	Amount you still owe	Reason for this payment include creditor's name
	Insider's Name			\$	<b>\$</b>	
	Number Street					
	City	State ZIP Co	ode			
	Insider's Name			\$	\$	
	Number Street					
	City	State ZIP Co	ode			

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 52 of 64

Debtor 1	Kerrin First Name	Carville  Middle Name Last N	Rose	Case number (# known)	
Part 4	ldentify Le	egal Actions, Reposs	essions, and Forec	losures	
List and	all such matters, contract dispute	, including personal injury		any lawsuit, court action, or administrative proceed tions, divorces, collection suits, paternity actions, suppo	
<b>5</b>	No Yes. Fill in the de	nênîla			
	tes. Fill in the de	etails.	Nature of the case	Court or agency	Status of the case
	Case title			Court Name	— Pending
				Number Street	On appeal Concluded
	Case number			City State ZIP Code	
				Sily State 21 See	
	Case title			Court Name	Pending On appeal
				Number Street	Concluded Concluded
	Case number			City State ZIP Code	<del></del>
			_	·	
	-	e you filed for bankrupt and fill in the details below		operty repossessed, foreclosed, garnished, attache	d, seized, or levied?
	No. Go to line 1	1. formation below.			
<b>-</b>	165. Fill III die III	normation below.	Describe the	property Date	Value of the property
	Creditor's Nam	ne			\$
	Number Str	eet	Explain wha	t happened	
				ty was repossessed.	
			_	ty was foreclosed. ty was gamished.	
	City	State ZIP Co	Describe the	ty was attached, seized, or levied.	Value of the property
			Describe un	property Date	value of the property
	Creditor's Nam	пе			\$
	Number Str	eet	Explain wha	t happened	
		•		ty was repossessed. ty was foreclosed.	
	City	State ZIP C	Proper	ty was gamished.	
	J	5000 211 01		house attached enized or louind	

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 53 of 64

1	Kerrin	Carville	Rose	Case number (if known)	
	First Name	Middle Name Last f	Name		
					- 66
			ptcy, did any creditor, including a t ause you owed a debt?	Dank or mnancial institution, set o	on any amounts from your
ZÍ NO		o make a payment bec	ause you owed a debt:		
		-1-			
_ Y€	es. Fill in the det	ails.			
			Describe the action the creditor tool	k Date a	ction Amount
_			_	was ta	ken
Cre	editor's Name				
_			_		\$
Nu	umber Street				•
			_		
Cit	tv	State ZIP Code	Last 4 digits of account number: X	XXX_	
	,	<del></del>	Edge 4 digits of decount number. A	~~ <u> </u>	
A/141-1.	n 4 waar bafara	you filed for bankment	cy, was any of your property in the	necession of an assigned for t	the honefit of
			cy, was any or your property in the stodian, or another official?	POSSESSION OF ALL ASSIGNMENTS	file pelietif of
		politica receiver, a cu-	stodian, or another officials		
<b>2</b> No					
⊒ Y€	es				
			49		
t 5:	List Certain	Gifts and Contribu	iuons		
Vithir	n 2 years before	you filed for bankrup	tcy, did you give any gifts with a to	otal value of more than \$600 per	person?
		you filed for bankrup	tcy, did you give any gifts with a to	otal value of more than \$600 per	person?
<b>Z</b> N	0		tcy, did you give any gifts with a to	otal value of more than \$600 per	person?
<b>Z</b> N	0	e you filed for bankrup ails for each gift.	tcy, did you give any gifts with a to	otal value of more than \$600 per	person?
<b>2</b> 1 N∈	o es. Fill in the det	ails for each gift.			person? you gave Value
<b>2</b> N	o es. Fill in the det		stcy, did you give any gifts with a to Describe the gifts		you gave Value
<b>2</b> N	o es. Fill in the det Gifts with a total v	ails for each gift.		Detes	you gave Value
<b>2</b> N	o es. Fill in the det Gifts with a total v	ails for each gift.		Detes	you gave Value ts
ZŽÍ NG □ Y€	o es. Fill in the det Gifts with a total v	ails for each gift.		Detes	you gave Value
ZŽÍ NG □ Y€	o es. Fill in the det Gifts with a total v per person	ails for each gift.		Detes	you gave Value ts \$
ZŽÍ NG □ Y€	o es. Fill in the det Gifts with a total v per person	ails for each gift.		Detes	you gave Value is
ZŽÍ NG □ Y€	O es. Fill in the det Gifts with a total v per person erson to Whom You G	ails for each gift.		Detes	you gave Value ts \$
<b>2</b> N (	o es. Fill in the det Gifts with a total v per person	ails for each gift.		Detes	you gave Value ts \$
<b>2</b> N (	O es. Fill in the det Gifts with a total v per person erson to Whom You G	ails for each gift.		Detes	you gave Value ts \$
<b>2</b> N (	O es. Fill in the det Gifts with a total v per person erson to Whom You G	ails for each gift.		Detes	you gave Value ts \$
₩ No.	O es. Fill in the det Gifts with a total v per person erson to Whom You G	ails for each gift.  ralue of more than \$600  save the Gift  State ZIP Code		Detes	you gave Value ts \$
₩ No.	O es. Fill in the det Gifts with a total v per person erson to Whom You G	ails for each gift.  ralue of more than \$600  save the Gift  State ZIP Code		Detes	you gave Value ts \$
Pe	O es. Fill in the det Gifts with a total v per person erson to Whom You G umber Street ty erson's relationship	ails for each gift.  ralue of more than \$600  eave the Gift  State ZIP Code	Describe the gifts	Dates the gif	you gave Value bs  \$ \$
MA NACA PER GI	O es. Fill in the det Gifts with a total v per person erson to Whom You G umber Street ty erson's relationship	ails for each gift.  ralue of more than \$600  save the Gift  State ZIP Code		Dates the gif	you gave Value ts  \$ \$  you gave Value
MA NACA PER GI	O es. Fill in the det Gifts with a total v per person erson to Whom You G umber Street ty erson's relationship	ails for each gift.  ralue of more than \$600  eave the Gift  State ZIP Code	Describe the gifts	Dates the gif	you gave Value ts  \$ \$  you gave Value
MA NACA PER GI	O es. Fill in the det Gifts with a total v per person erson to Whom You G umber Street ty erson's relationship	ails for each gift.  ralue of more than \$600  eave the Gift  State ZIP Code	Describe the gifts	Dates the gif	you gave Value ts  \$ \$  you gave Value
VI Ye	O es. Fill in the det Gifts with a total v per person erson to Whom You G umber Street ty erson's relationship	State ZIP Code	Describe the gifts	Dates the gif	you gave Value ts  \$ \$  you gave Value
VI Ye	O es. Fill in the det Gifts with a total v per person  erson to Whom You G  umber Street  ty  erson's relationship lifts with a total va er person	State ZIP Code	Describe the gifts	Dates the gif	you gave Value ts  \$ \$  you gave Value
VI Ye	O es. Fill in the det Gifts with a total v per person  erson to Whom You G  umber Street  ty  erson's relationship lifts with a total va er person	State ZIP Code	Describe the gifts	Dates the gif	you gave Value is  \$ \$  you gave Value
VI Ye	O es. Fill in the det Gifts with a total v per person  erson to Whom You G  umber Street  ty  erson's relationship lifts with a total va er person	State ZIP Code	Describe the gifts	Dates the gif	you gave Value is  \$ \$  you gave Value
VI Ye	o es. Fill in the det  Gifts with a total v per person  erson to Whom You G  umber Street  ty  erson's relationship  ifts with a total va per person  erson to Whom You G	State ZIP Code	Describe the gifts	Dates the gif	you gave Value ts  \$ \$  you gave Value
VI Ye	O es. Fill in the det Gifts with a total v per person  erson to Whom You G  umber Street  ty  erson's relationship lifts with a total va er person	State ZIP Code	Describe the gifts	Dates the gif	you gave Value is  \$ \$  you gave Value
VI Ye	o es. Fill in the det  Gifts with a total v per person  erson to Whom You G  umber Street  ty  erson's relationship  lifts with a total va er person  erson to Whom You G	State ZIP Code	Describe the gifts	Dates the gif	you gave Value ts  \$ \$  you gave Value

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 54 of 64

Within 1 year before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any chartly?  If yes, Fill in the details for each gift or contribution.  Gifts or contributions to chartise  that total more than \$600  Describe what you contributed  Describe what you contributed  Describe what you contributed  Describe what you contributed  S  List Cortoin Lossoe  Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  My No  Ves, Fill in the details.  Describe the property you lost and how the loss occurred has paid. List peeding insurance claims on fire 33 of Schedule Adil Property.  S  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy potition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  Description and value of any property transferred  Deter payment or transfer amede  Description and value of any property transferred  Deter payment or transfer made  Description and value of any property transferred	btor 1	Kerrin First Name	Carville Middle Name	Rose Last Name	Case number (if known)		
No   Yes. Fill in the details for each gift or contribution.							
Ves. Fill in the details for each gift or contribution.   Gift or contributions to charities that total more than \$800   Describe what you contributed   Describe what you contributed   Describe what you contributed   Contrib			re you filed for bank	ruptcy, did you give any gifts or o	contributions with a total value of n	nore than \$60	10 to any charity?
Cities or contributions to charities that total more than \$600  Charify's Name  State of Contributed  Charify's Name  State of State of Code  Number Street  City State of Code  List Certain Losses  Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  No  Yes. Fill in the details.  Describe any insurance coverage for the loss backerbe the property you lost and how the loss occurred  backer be any insurance coverage for the loss backer be any insurance coverage for th			otnila far arab aifi ar a	and the stine			
City State ZIP Code  List Certain Losses  Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  No No No State ZIP Code  Describe any insurance coverage for the lose include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule Arts: Property.  List Certain Payments or Transfers  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy polition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  Description and value of any property transferred  Number Steet  Description and value of any property transferred  S S S City Steet ZIP Code		res. Fill at the de	statis for each grit or c	วงกเกอนชงก.			
Number   Street				Describe what you contributed			Value
City   State   ZIP Code	i	Charity's Name		_		<del></del>	\$
City   State   ZIP Code	-			_			\$
List Certain Losses  Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  No Pescribe the property you lost and how the loss occurred  Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule Ads: Property.  List Certain Payments or Transfers  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No Person Who Was Paid  Description and value of any property transferred  Date payment or transfer was made  Amount of payment and transfer was made	į	Number Street		_			
Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?    No	ā	City State	ZIP Code	_			
disaster, or gambling?    No	art 6	List Cert	ain Losses				
Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attomeys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No Yes. Fill in the details.  Description and value of any property transferred  Person Who Was Paid  Number Street  S  City State ZIP Code				Include the amount that insurance	ce has paid. List pending insurance	-	
Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.    Value				•			\$
you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.    No		<u> </u>					
Person Who Was Paid  Number Street  City State ZIP Code  Date payment or transferred made  Date payment or transfer was made  Street  S	you	consulted abou	ut seeking bankrupte	cy or preparing a bankruptcy peti	ition?		to anyone
Person Who Was Paid  Number Street  \$  City State ZIP Code			etails.				
City State ZIP Code		Person Who Was P	aid	Description and value of any p	tran	sfer was	Amount of payment
City State ZIP Code		Number Street		_	_		\$
				_			\$
Email or website address				_			
		Email of website add	tress	_			

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 55 of 64

			е	Rose	Case number (##	known)	
	First Name	Middle Name	Last Na	àme .			
		THE THE PART OF TAXABLE PARTY.		Description and value of a	ny property transferred	Date payment or transfer was made	Amount of payment
	Person Who Was P	aid					
							\$
	Number Street						•
							Ψ
	City	State Zii	Code				
	Email or website add	dress					
	Describe Made	he Payment, if Not Ye					
on Zin	not include any p	payment or trans		ors or to make payments u listed on line 16.	•		
				Description and value of a	ny property transferred	Date payment or transfer was made	Amount of pa
	Person Who Was F	Paid					
	Number Street					<del></del>	\$
	Number Sueet						
	Number 30 set						\$
Vith	City		P Code	tcv. did vou sell. trade, oi	otherwise transfer any pro	perty to anyone, other tha	\$
ran nclu or or or	City  nin 2 years befored in the cude both outright	ore you filed for ordinary course t transfers and tr and transfers tha	bankrupt of your b ansfers m	nusiness or financial affa ade as security (such as the e already listed on this stat	ne granting of a security intere ement.	est or mortgage on your pro	perty).
ran nclu or or or	City  nin 2 years befored in the cude both outright out include gifts.	ore you filed for ordinary course t transfers and tr and transfers tha	bankrupt of your b ansfers m	usiness or financial affa ade as security (such as the	rs? ne granting of a security intere ement.	est or mortgage on your pro	perty).
ran nclu or Zin	City  nin 2 years befored in the cude both outright out include gifts.	ore you filed for ordinary course t transfers and tr and transfers tha etails.	bankrupt of your b ansfers m	usiness or financial affai ade as security (such as the e already listed on this state Description and value of p	rs? ne granting of a security interesement.  roperty  Describe any preserved.	est or mortgage on your pro	perty). Data trans
ran nclu or Zin	City  nin 2 years before the current include gifts. No Yes. Fill in the decided the current include gifts.	ore you filed for ordinary course t transfers and tr and transfers tha etails.	bankrupt of your b ansfers m	usiness or financial affai ade as security (such as the e already listed on this state Description and value of p	rs? ne granting of a security interesement.  roperty  Describe any preserved.	est or mortgage on your pro	perty). Data trans
ran nclu or or or	City  nin 2 years before the cude both outright not include gifts. No Yes. Fill in the description of the cude of the cude gifts.	ore you filed for ordinary course t transfers and tr and transfers tha etails.	bankrupt of your b ansfers m	usiness or financial affai ade as security (such as the e already listed on this state Description and value of p	rs? ne granting of a security interesement.  roperty  Describe any preserved.	est or mortgage on your pro	perty). Data trans
ran nclu or or or	City  nin 2 years before the course of the c	ore you filed for ordinary course transfers and transfers that etails.	bankrupt of your b ansfers m at you have	usiness or financial affai ade as security (such as the e already listed on this state Description and value of p	rs? ne granting of a security interesement.  roperty  Describe any preserved.	est or mortgage on your pro	perty). Data trans
ran nclu or or or	City  nin 2 years before the course of the c	ore you filed for ordinary course transfers and transfers that etails.  The details are transfer state of transfer state	bankrupt of your b ansfers m at you have	usiness or financial affai ade as security (such as the e already listed on this state Description and value of p	rs? ne granting of a security interesement.  roperty  Describe any preserved.	est or mortgage on your pro	perty). Data trans
ran nclu or or or	City  nin 2 years before sferred in the cude both outright not include gifts. No  Yes. Fill in the description of the cude with the description of the cude with the description of the cude with the	ore you filed for ordinary course transfers and transfers that etails.  The details are transfer state of transfer state	bankrupt of your b ansfers m at you have	usiness or financial affai ade as security (such as the e already listed on this state Description and value of p	rs? ne granting of a security interesement.  roperty  Describe any preserved.	est or mortgage on your pro	perty). Date trans
ran nclu or or or	City  nin 2 years before sterred in the cude both outright not include gifts. No Yes. Fill in the description with the description of the cut o	ore you filed for ordinary course transfers and transfers and trand transfers that etails.  State Zillship to you	bankrupt of your b ansfers m at you have	usiness or financial affai ade as security (such as the e already listed on this state Description and value of p	rs? ne granting of a security interesement.  roperty  Describe any preserved.	est or mortgage on your pro	perty). Date trans

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 56 of 64

Are a bound of the second of t	10 years before your eneficiary? (These.s. Fill in the details.	ou filed for bankru e are often called as	ptcy, did you transfer any proper sset-protection devices.)  Description and value of the proper		st or similar device of w	vhich you  Date transfer was made
are a bound of No  □ Yes Name	eneficiary? (Thes s. Fill in the details. ne of trust  List Certain Fin 1 year before you	e are often called as	Seet-protection devices.)  Description and value of the prope		st or similar device of w	Date transfer
are a bound of the second of t	eneficiary? (Thes s. Fill in the details. ne of trust  List Certain Fin 1 year before you	e are often called as	Seet-protection devices.)  Description and value of the prope		st or similar device of w	Date transfer
are a bound of No Name art 8: Let 0. Within closed,	eneficiary? (Thes s. Fill in the details. ne of trust  List Certain Fin 1 year before you	e are often called as	Seet-protection devices.)  Description and value of the prope		st or similar device of w	Date transfer
No Yes  Nam  Nam  art 8: I	s. Fill in the details.  ne of trust  List Certain Fin  1 year before you		Description and value of the prope	rty transferred		
Name of the Name o	ne of trust  List Certain Fin 1 year before you		-	rty transferred		
art 8: L	ne of trust  List Certain Fin 1 year before you		-	rty transferred		
art 8: L ). Within closed,	List Certain Fin 1 year before you		-	rty transferred		
art 8: L ). Within closed,	List Certain Fin 1 year before you		-			
art 8: L ). Within closed,	List Certain Fin 1 year before you					
art 8: I	List Certain Fin 1 year before you					
). Within closed,	1 year before you	ancial Accounts	: Instruments Safe Denosit			
). Within closed,	1 year before you	ancial Accounts	: Instruments Safe Denosit	-		
). Within closed,	1 year before you	ancial Accounts	: Instruments Safe Denosit			
). Within closed,	1 year before you	ancial Accounts	: Instruments Sale Denosit	<del></del>		
0. Within closed,	1 year before you	ancial Accounts	: Instruments Sale Denosit			
closed,			, moduliones, oute popesi.	Boxes, and Storag	e Units	<u>.</u>
		ı filed for bankrupt	cy, were any financial accounts o	r instruments held in	your name, or for your	benefit,
	, sold, moved, or	_			•	·
include			or other financial accounts; certi	ficates of deposit; sha	ares in banks, credit un	ions,
	•	sion funds, coopera	atives, associations, and other fir	ancial institutions.		
<b>⊠</b> No						
Yes	s. Fill in the detail:	<b>\$</b> .				
			Last 4 digits of account number	Type of account or	Date account was	Last balance befor
			-	Instrument	closed, sold, moved, or transferred	closing or transfer
					or ugasiened	
Na	me of Financial Institut	tion	WWW	D ontime		•
			xxxx- <u> </u>	Checking	<del></del>	\$
Nu	imber Street			☐ Savings		
				Money market		
				☐ Brokerage		
Ch	ty	State ZIP Code		☐ Other		
			XXXX-	☐ Checking		•
Na	me of Financial Institut	tion		Savings		<b>—</b>
		<u></u>		=		
Nu	ımber Street			Money market		
Nu	imber Street			=		
Nu —		State ZIP Code		Money market		

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 57 of 64

Debtor 1	Kemin First Name	Carville	Rose	Case number (# known)	
	rrot realise	mitude Name	ISL PIGITE		
22. Hav		erty in a storage uni	t or place other than your home wit	hin 1 year before you filed for bankruptcy	?
_	Yes. Fill in the det	ails.	Who else has or had access to it?	Describe the contents	Do you still have it?
· -					□ No
	Name of Storage Fac	Hity	Name		Yes
	Number Street		Number Street		
		<del></del> .	City State ZIP Code		
l	City	State ZIP Code	•		
Part	9: Identify F	Property You Hold	or Control for Someone Else		
•	you hold or contr hold in trust for so		someone else owns? Include any	property you borrowed from, are storing for	r,
函	No				
	Yes. Fill in the de	itails.	Where is the property?	Describe the property	Value
į					
	Owner's Name		-		\$
	Number Street		- Number Street		
a company of the comp					
	City	State ZIP Code	- City State Zi	P Code	
Part	10: Give Deta	alis About Environ	mental Information		
		10, the following det	* * *	oncerning pollution, contamination, releas	ne of
ha	zardous or toxic s	ubstances, wastes,	•	urface water, groundwater, or other mediu	
			erty as defined under any environn ze it, including disposal sites.	ental law, whether you now own, operate,	or
			nvironmental law defines as a haza t, contaminant, or similar term.	ardous waste, hazardous substance, toxic	
Repor	t all notices, relea	ses, and proceeding	s that you know about, regardless	of when they occurred.	
24. Ha:	s any government	al unit notified you t	hat you may be liable or potentially	liable under or in violation of an environm	ental law?
_	No Yes. Fill in the de	rtails.			
_			Governmental unit	Environmental law, if you know it	Date of notice
	Name of site		Governmental unit		
	Number Street		Number Street		
			City State ZIP Code		
	City	State ZIP Code	-		

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 58 of 64

	in Ca lame Middle Name	arville Las	Rose st Name	Case number (# known)	
vou no	tified any govern		of any release of horouseys water	ial?	
	died ally governi	mentai unit	of any release of hazardous mater	iai r	
Í No					
i Yes. Fill i	in the details.		_		
			Governmental unit	Environmental law, if you know it	Date of notice
Name of s	ilte		Governmental unit	-	
Number	Street		Number Street	-	
			City State ZIP Code	_	
			_		
City	State	ZIP Code			
			d ! !		444
*	en a party in any j	judiciai or a	oministrative proceeding under an	y environmental law? Include settler	nents and orders.
No					
Yes. Fill	in the details.				
			Court or agency	Nature of the case	Status of the
					Case
Case title				<u></u>	Pending
			Court Name		On appe
				<u></u>	
			Number Street		☐ Conclude
Case num	- <b>b</b>	<del></del>	_		
Case num	iber		City State ZIP Co	de	
			islness or Connections to Any		to any business?
/ithin 4 yea ☐ A sol ☐ A me	rs before you file te proprietor or se mber of a limited	d for bankru elf-employed liability con		nave any of the following connections ctivity, either full-time or part-time	to any business?
ithin 4 yea A sol A me	rs before you file te proprietor or se mber of a limited rtner in a partners	d for bankru elf-employed liability con ship	eptcy, did you own a business or h in a trade, profession, or other ac npany (LLC) or limited liability part	nave any of the following connections ctivity, either full-time or part-time	to any business?
ithin 4 yea  A sol  A me  A par	ors before you file the proprietor or se the service of a limited ther in a partners fficer, director, or	d for bankru elf-employed liability con ship managing e	aptcy, did you own a business or his in a trade, profession, or other ac inpany (LLC) or limited liability part executive of a corporation	nave any of the following connections civity, either full-time or part-time tnership (LLP)	to any business?
ithin 4 yea  A sol  A me  A par	ors before you file the proprietor or se the service of a limited ther in a partners fficer, director, or	d for bankru elf-employed liability con ship managing e	eptcy, did you own a business or h in a trade, profession, or other ac npany (LLC) or limited liability part	nave any of the following connections civity, either full-time or part-time tnership (LLP)	to any business?
ithin 4 yea  A solution A me  A par  An of	ors before you file the proprietor or se the service of a limited ther in a partners fficer, director, or	d for bankru elf-employed liability con ship managing e % of the voti	aptcy, did you own a business or he in a trade, profession, or other acompany (LLC) or limited liability partexecutive of a corporation ing or equity securities of a corporation	nave any of the following connections civity, either full-time or part-time tnership (LLP)	to any business?
ithin 4 yea	irs before you file the proprietor or se the proprietor or se the rin a partners fficer, director, or wher of at least 59 to of the above app	d for bankruelf-employed liability conship managing e % of the votiplies. Go to	aptcy, did you own a business or he in a trade, profession, or other acompany (LLC) or limited liability partexecutive of a corporation ing or equity securities of a corporation	nave any of the following connections ctivity, either full-time or part-time tnership (LLP)	to any business?
ithin 4 yea	irs before you file the proprietor or se the proprietor or se the rin a partners fficer, director, or wher of at least 59 to of the above app	d for bankruelf-employed liability conship managing e % of the votiplies. Go to	aptcy, did you own a business or he in a trade, profession, or other acompany (LLC) or limited liability part executive of a corporation ing or equity securities of a corporation Part 12.	nave any of the following connections ctivity, either full-time or part-time tnership (LLP) ration	
ithin 4 yea	irs before you file the proprietor or se ember of a limited rtner in a partners fficer, director, or wher of at least 59 to of the above apposed all that apply a	d for bankruelf-employed liability conship managing e % of the votiplies. Go to	aptcy, did you own a business or his in a trade, profession, or other acompany (LLC) or limited liability partexecutive of a corporationing or equity securities of a corporation Part 12.	nave any of the following connections ctivity, either full-time or part-time thership (LLP) ration siness. Employer Identifica	
ithin 4 yea  A sol A me A par An of An of No. None	irs before you file the proprietor or se ember of a limited rtner in a partners fficer, director, or wher of at least 59 to of the above apposed all that apply a	d for bankruelf-employed liability conship managing e % of the votiplies. Go to	aptcy, did you own a business or his in a trade, profession, or other acompany (LLC) or limited liability partexecutive of a corporationing or equity securities of a corporation Part 12.	ration  siness.  Employer Identifica  Do not include Soc	ition number ial Security number or ITIN.
A sol A me A par An of An of No. None Yes. Che	irs before you file the proprietor or se ember of a limited rtner in a partners fficer, director, or wner of at least 50 to of the above apposed all that apply a	d for bankruelf-employed liability conship managing e % of the votiplies. Go to	aptcy, did you own a business or his in a trade, profession, or other acompany (LLC) or limited liability partexecutive of a corporationing or equity securities of a corporation Part 12.	ration  siness.  Employer Identifica  Do not include Soc	ition number
ithin 4 yea  A sol A me A par An of An of No. None	irs before you file the proprietor or se ember of a limited rtner in a partners fficer, director, or wner of at least 50 to of the above apposed all that apply a	d for bankruelf-employed liability conship managing e % of the votiplies. Go to	aptcy, did you own a business or his in a trade, profession, or other acompany (LLC) or limited liability partexecutive of a corporationing or equity securities of a corporation Part 12.	ration  siness.  Employer Identification on the following connections on t	ition number ial Security number or ITIN.
A sol A me A par An of An of No. None Yes. Che	irs before you file the proprietor or se ember of a limited rtner in a partners fficer, director, or wner of at least 50 to of the above apposed all that apply a	d for bankruelf-employed liability conship managing e % of the votiplies. Go to	aptcy, did you own a business or his in a trade, profession, or other aconpany (LLC) or limited liability partexecutive of a corporation ing or equity securities of a corporation Part 12.  Il in the details below for each business	ration  siness.  Employer Identification on the following connections on t	ition number ial Security number or ITIN.
A sol A me A par An of An of No. None Yes. Che	irs before you file the proprietor or se ember of a limited rtner in a partners fficer, director, or wner of at least 50 to of the above apposed all that apply a	d for bankruelf-employed liability conship managing e % of the votiplies. Go to	aptcy, did you own a business or his in a trade, profession, or other aconpany (LLC) or limited liability partexecutive of a corporation ing or equity securities of a corporation Part 12.  Il in the details below for each business	ration  siness.  Employer Identification on the following connections on t	ition number ial Security number or ITIN.
A solution A year A solution A par A par A not A	rs before you file the proprietor or se the proprietor or se the proprietor of a limited ther in a partners fficer, director, or wher of at least 5 the above applicated all that apply a  Name  Street	d for bankru elf-employed liability con ship managing e % of the voti plies. Go to above and fi	aptcy, did you own a business or his in a trade, profession, or other aconpany (LLC) or limited liability partexecutive of a corporation ing or equity securities of a corporation Part 12.  Il in the details below for each business	ration  siness.  Employer Identification not include Society.  EIN:	ition number ial Security number or ITIN.
A sol A me A par An of An of No. None Yes. Che	irs before you file the proprietor or se ember of a limited rtner in a partners fficer, director, or wner of at least 50 to of the above apposed all that apply a	d for bankruelf-employed liability conship managing e of the voti plies. Go to above and fi	aptcy, did you own a business or his in a trade, profession, or other aconpany (LLC) or limited liability partexecutive of a corporation ing or equity securities of a corporation Part 12.  Il in the details below for each business	ration  siness.  Employer Identifica  Do not include Soc  EIN:  Dates business exi	ition number ial Security number or ITIN.
Inthin 4 year A solution A me A par An of	irs before you file the proprietor or se the proprietor or se the proprietor or se the proprietor of a limited ther in a partners fficer, director, or wher of at least 5 the above applicate all that apply a  Name  Street	d for bankru elf-employed liability con ship managing e % of the voti plies. Go to above and fi	aptcy, did you own a business or his in a trade, profession, or other action of the particle of a corporation of the details below for each business.  Describe the nature of the business.	ration  siness.  Employer Identification  EIN:  Dates business exists  Employer Identification  Errom  Employer Identification	ition number ial Security number or ITIN.
A solution A year A solution A par A par A not A	irs before you file the proprietor or se the proprietor or se the proprietor or se the proprietor of a limited ther in a partners fficer, director, or wher of at least 5 the above applicate all that apply a  Name  Street	d for bankru elf-employed liability con ship managing e % of the voti plies. Go to above and fi	aptcy, did you own a business or his in a trade, profession, or other action of the particle of a corporation of the details below for each business.  Describe the nature of the business.	ration  siness.  Employer Identification  EIN:  Dates business exists  Employer Identification  Errom  Employer Identification	ition number ial Security number or ITIN.  sted  To ition number
Inthin 4 year A solution A me A par An of	irs before you file the proprietor or se the proprietor or se the proprietor or se the proprietor of a limited ther in a partners fficer, director, or wher of at least 5 the above applicate all that apply a  Name  Street	d for bankru elf-employed liability con ship managing e % of the voti plies. Go to above and fi	aptcy, did you own a business or his in a trade, profession, or other action of the particle of a corporation of the details below for each business.  Describe the nature of the business.	ration  siness.  Employer Identifica  Do not include Soc  From  Employer Identifica  Do not include Soc  Employer Identifica  Do not include Soc	ition number ial Security number or ITIN.  sted  To ition number
Inthin 4 year A solution A me A par An of	rs before you file the proprietor or se the proprietor or se the proprietor or se the proprietor of a limited ther in a partners fficer, director, or wher of at least 5 the of the above appoint all that apply a  Name  Street  State	d for bankru elf-employed liability con ship managing e % of the voti plies. Go to above and fi	aptcy, did you own a business or his in a trade, profession, or other action of the particle of a corporation of the details below for each business.  But 12.  If in the details below for each business.  Name of accountant or bookkeeps.  Describe the nature of the business.	ration  siness.  Employer Identifica  Do not include Soc  EIN:  From  Employer Identifica  Do not include Soc  EIN:  Employer Identifica  Do not include Soc  EIN:  Employer Identifica  Do not include Soc  EIN:	ition number ial Security number or ITIN. sted  To ition number ial Security number or ITIN.
A sol A par An of An of An of No. None Yes. Che Business	rs before you file the proprietor or se the proprietor or se the proprietor or se the proprietor of a limited ther in a partners fficer, director, or wher of at least 5 the of the above appoint all that apply a  Name  Street  State	d for bankru elf-employed liability con ship managing e % of the voti plies. Go to above and fi	aptcy, did you own a business or his in a trade, profession, or other action of the particle of a corporation of the details below for each business.  Describe the nature of the business.	ration  siness.  Employer Identifica  Do not include Soc  EIN:  From  Employer Identifica  Do not include Soc  EIN:  Employer Identifica  Do not include Soc  EIN:  Employer Identifica  Do not include Soc  EIN:	ition number ial Security number or ITIN. sted  To ition number ial Security number or ITIN.
A sol A par An of An of An of No. None Yes. Che Business	rs before you file the proprietor or se the proprietor or se the proprietor or se the proprietor of a limited ther in a partners fficer, director, or wher of at least 5 the of the above appoint all that apply a  Name  Street  State	d for bankru elf-employed liability con ship managing e % of the voti plies. Go to above and fi	aptcy, did you own a business or his in a trade, profession, or other action of the particle of a corporation of the details below for each business.  But 12.  If in the details below for each business.  Name of accountant or bookkeeps.  Describe the nature of the business.	ration  siness.  Employer Identifica  Do not include Soc  EIN:  From  Employer Identifica  Do not include Soc  EIN:  Employer Identifica  Do not include Soc  EIN:  Employer Identifica  Do not include Soc  EIN:	ation number or ITIN.  sted  To  ation number or ITIN.

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 59 of 64

ebtor 1	Kerrin First Name	Carville	Rose	Case number (# known)
	Business Name		Describe the nature of the business	Employer Identification number  Do not include Social Security number or ITIN.  EIN:
	Number Street		Name of accountant or bookkeeper	Dates business existed
	City	State ZIP Code	-	From To
insti <b>Z</b> i ı	itutions, creditor	s, or other parties.	ptcy, did you give a financial stateme	ent to anyone about your business? Include all financial
	Name		MM / DD / YYYY	
	Number Street			
	City	State ZIP Code	•	
art 1	2: Sign Belov	W		
ans in d	swers are true ar connection with	nd correct, I understar	nd that making a false statement, cor	ments, and I declare under penalty of perjury that the ncealing property, or obtaining money or property by fraud nprisonment for up to 20 years, or both.
×	Hurm	brook	Signature of Debtor	2
4	6/10	19	Date	·
<b>4</b>		itional pages to <i>Your</i> :	Statement of Financial Affairs for Ind	dividuals Filing for Bankruptcy (Official Form 107)?
	<b>i you pay or agr</b> e No	e to pay someone wh	no is not an attorney to help you fill o	out bankruptcy forms?
		rson		Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 60 of 64

Debtor 1	Kerrin	Carville	Rose
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name

☐ Check if this is an amended filing

12/15

#### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filling together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1:

List Your Creditors Who Have Secured Claims

or any creditors that you listed in Part 1 of Schedule <i>D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D), fill in the information below.							
Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?					
Creditor's Global Lending Services	☐ Surrender the property.	□ No					
ijano.	Retain the property and redeem it.	<b>₫</b> Yes					
Description of 2015 Ford Fusion property securing debt:	Retain the property and enter into a Reaffirmation Agreement.						
occaring acce.	Retain the property and [explain]: Continue to pay the payment						
Creditor's	☐ Surrender the property.	□ No					
name:	Retain the property and redeem it.	☐ Yes					
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.						
occurring dobt.	Retain the property and [explain]:						
Creditor's	☐ Surrender the property.	□ No					
name:	Retain the property and redeem it.	Yes					
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.						
Scoring west.	Retain the property and [explain]:						
Creditor's	☐ Surrender the property.	No					
name:	Retain the property and redeem it.	☐ Yes					
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	• •					
	Retain the property and [explain]:						

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 61 of 64

r <b>1</b>	Kerrin First Name	Carville  Middle Name Last No	Rose	Case number (if known)
rt 2:	List Your I	Unexpired Personal i	Property Leases	
in the i	nformation be	low. Do not list real est	ate leases. Unexpired lea	G: Executory Contracts and Unexpired Leases (Official Form 106G) ases are leases that are still in effect; the lease period has not yet ustee does not assume it. 11 U.S.C. § 365(p)(2).
Descri	be your unexp	ired personal property le	pases	Will the lease be assumed?
Lessor	s name:			□ No
Descrip propert	otion of leased y:			☐ Yes
Lessor	s name:			□ No
Descrip propert	otion of leased y:			☐ Yes
Lessor	s name:			□ No
Descrip propert	otion of leased y:			☐ Yes
Lessor	s name:	name na matana mar e e e e e e e e e e e e e e e e e e e		□ No
Descrip propert	otion of leased y:			☐ Yes
Lessor	s name:			□ No
Descrip propert	otion of leased y:			☐ Yes
Lessor	's name:	and the second s		□ No
Descrip propert	otion of leased y:			☐ Yes
Lessor	s name:	and a state of the	alaksida katan yayuni alaksida da ara 1970-sirin 1970-s	□ No
Descrip propert	otion of leased y:			☐ Yes
rt 3:	Sign Belov	v		
nder p	enalty of perju	ury, I declare that I have t is subject to an unexp	a indicated my intention a	about any property of my estate that secures a debt and any
}	Z.,	QN	×	
	4000	~ TV	Signature of De	enter 2

MM / DD / YYYY

				of 64		
ll is this	information to i	dentify your case:			nly as directed in this term said in	
btor 1	Kerrin	Carville	Rose	Form 122A-1Sup	p:	
xtor 2	First Name	Middle Name	Last Name	1. There is no	presumption of abuse.	
ouse, if filing	First Name  Bankruptcy Court	Middle Name for the: Eastern District of V	Last Name Irginia	abuse applie	ion to determine if a presumption of as will be made under Chapter 7 Calculation (Official Form 122A–2).	
se number known)				3. The Means	Test does not apply now because of itary service but it could apply later.	
				☐ Check if this is an amended filing		
fficial	Form 122	'A—1				
hapte	er 7 Sta	 tement of Yo	ur Current Mont	hly Income	12/15	
<b>☑</b> Not	married. Fill out	d filing status? Check one Column A, lines 2-11.	e only.	2-11		
	•		ou. You and your spouse are:			
	•	·	ot legally separated. Fill out both (	Columns A and B, lines	2-11.	
ū	Living separate under penalty of	ely or are legally separate f perjury that you and your	d. Fill out Column A, lines 2-11; do spouse are legally separated under not include evading the Means Tes	not fill out Column B. E r nonbankruptcy law tha	By checking this box, you declare at applies or that you and your	
	no average mon					
<b>bankru</b> August Fill in th	ptcy case. 11 U. 31. If the amount e result. Do not i	S.C. § 101(10A). For examt of your monthly income vandude any income amount	vived from all sources, derived du ple, if you are filing on September ' ried during the 6 months, add the in more than once. For example, if bo I have nothing to report for any line	15, the 6-month period ncome for all 6 months oth spouses own the sa	would be March 1 through and divide the total by 6.	
<b>bankru</b> August Fill in th	ptcy case. 11 U. 31. If the amount e result. Do not i	S.C. § 101(10A). For examt of your monthly income vandude any income amount	ple, if you are filing on September 1 ried during the 6 months, add the in more than once. For example, if bo	15, the 6-month period ncome for all 6 months oth spouses own the sa	would be March 1 through and divide the total by 6.	
bankruj August Fill in th income	ptcy case. 11 U. 31. If the amount e result. Do not in from that propert	.S.C. § 101(10A). For examt of your monthly income valued any income amount ty in one column only. If you ary, tips, bonuses, overting	ple, if you are filing on September 1 ried during the 6 months, add the in more than once. For example, if but I have nothing to report for any line	15, the 6-month period noome for all 6 months oth spouses own the sa e, write \$0 in the space.  Column A	would be March 1 through and divide the total by 6. me rental property, put the  Column B  Debtor 2 or	
bankru August Fill in th income  Your gr (before	ptcy case. 11 U. 31. If the amount e result. Do not in from that propert ross wages, sala all payroll deduct	.S.C. § 101(10A). For examt of your monthly income valudide any income amount by in one column only. If you ary, tips, bonuses, overtinations).	ple, if you are filing on September 1 ried during the 6 months, add the in more than once. For example, if but I have nothing to report for any line	15, the 6-month period noome for all 6 months oth spouses own the sate, write \$0 in the space.  Column A Debtor 1	would be March 1 through and divide the total by 6. me rental property, put the  Column B  Debtor 2 or	

514.00

6. Net income from rental and other real property Gross receipts (before all deductions) Ordinary and necessary operating expenses Net monthly income from rental or other real property

filled in. Do not include payments you listed on line 3. 5. Net income from operating a business, profession,

Net monthly income from a business, profession, or farm

Gross receipts (before all deductions) Ordinary and necessary operating expenses

7. Interest, dividends, and royalties

from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not

Debtor 2

Debtor 1

Copy

Сору

or farm

## Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 63 of 64

Debtor 1 Kerrin Carville First Name Middle Name Last Name	_Rose _	Case number (if known)_	<u></u>	·
		Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
8. Unemployment compensation	\$	\$		
Do not enter the amount if you contend that the amount				
under the Social Security Act. Instead, list it here:				
For your spouse	•			
Pension or retirement income. Do not include any a	<del></del>			
benefit under the Social Security Act.	amount received that was a	\$	\$	
10. Income from all other sources not listed above. S Do not include any benefits received under the Socia as a victim of a war crime, a crime against humanity, terrorism. If necessary, list other sources on a separa	I Security Act or payments received or international or domestic			
		\$	\$	
		<b>\$</b>	\$	
Total amounts from separate pages, if any.		+ \$	+ \$	
Calculate your total current monthly income. Add column. Then add the total for Column A to the total factors.		\$1969.00	+	= \$.001969.00 Total current
Part 2: Determine Whether the Means Test	Applies to You			monthly income
12. Calculate your current monthly income for the year			_	
12a. Copy your total current monthly income from lin	ne 11	Co	py fine 11 here	\$ <u>.001969.0</u> 0
Multiply by 12 (the number of months in a year)	).			x 12
12b. The result is your annual income for this part of	f the form.		12b.	\$ <u>23628.00</u>
13. Calculate the median family income that applies t	o you, Follow these steps:			
Fill in the state in which you live.	Virginia			
I will the state in which you live.	Vilgina			
Fill in the number of people in your household.	02			
Fill in the median family income for your state and siz	ze of household.		13.	\$ 67633.00
To find a list of applicable median income amounts, ginstructions for this form. This list may also be available.	go online using the link specified		L	
14. How do the lines compare?				
14a. Line 12b is less than or equal to line 13. On Go to Part 3.	the top of page 1, check box 1,	There is no presumptio	n of abuse.	
14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	page 1, check box 2, The presul	mption of abuse is dete	rmined by Form 122/	<b>1-2</b> .
Part 3: Sign Below				
By signing here, I declare under penalty of pe	erjury that the information on this	statement and in any	attachments is true ar	nd correct.
	<b>*</b> • • • • • • • • • • • • • • • • • • •			
* KINN KK	X			
		Signature of Debtor 2		
10 014		DateMM / DD / YYYY	_	
If you checked line 14a, do NOT fill out or	file Form 122A-2.			
If you checked line 14b, fill out Form 1224	A-2 and file it with this form.			

Case 19-33079-KLP Doc 1 Filed 06/10/19 Entered 06/10/19 13:48:02 Desc Main Document Page 64 of 64

# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA Division

DIVISION
In re:
Case No.
Chapter 7
Debtor(s) Kerrin Carville Rose
COVER SHEET FOR LIST OF CREDITORS
I hereby certify under penalty of perjury that the master mailing list of creditors submitted either on computer diskette or by a typed hard copy in scannable format, with Request for Waiver attached, is a true, correct and complete listing to the best of my knowledge.
I further acknowledge that (1) the accuracy and completeness in preparing the creditor listing are the shared responsibility of the debtor and the debtor's attorney, (2) the court will rely on the creditor listing for all mailings, and (3) that the various schedules and statements required by the Bankruptcy Rules are not used for mailing purposes.
Master mailing list of creditors submitted via:
(a) X computer diskette listing a total of creditors; or
(b) scannable hard copy, with Request for Waiver attached, consisting of pages, listing a total of creditor
Buen Rose
Joint Debtor
Date: 10 / 10 /2019 [Check if applicable] Creditor(s) with foreign addresses included on disk/hard copy.

[diskcs ver. R-1/2003]